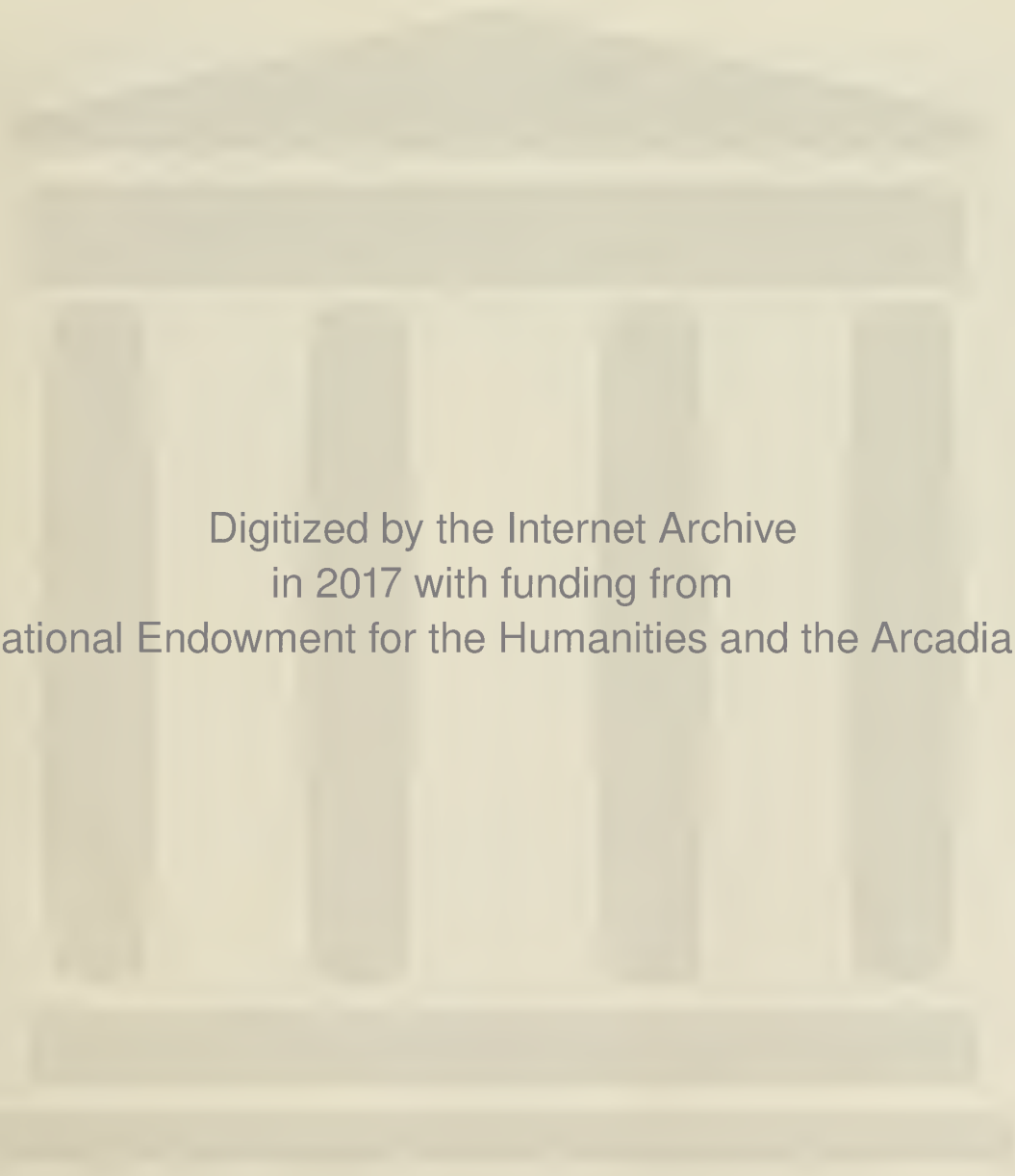
COUNTWAY LIBRARY
3 2044 115 035 693

THE FRANCIS A. COUNTWAY LIBRARY OF MEDICINE
HARVARD MEDICAL LIBRARY-BOSTON MEDICAL LIBRARY



Digitized by the Internet Archive
in 2017 with funding from
The National Endowment for the Humanities and the Arcadia Fund

https://archive.org/details/kansasmedicinejo9519kans

KANSAS MEDICINE

JOURNAL OF THE KANSAS MEDICAL SOCIETY

January 1994 Volume 95, Number 1

JAN 5 1994



- Alteration of the Record
- Childhood Mortality from Injuries
- Renal Cell Carcinoma & Cerebellar Mass
- HIV Prevalence Among Women

KANSAS MEDICINE

VOLUME 95 · NUMBER 1 · JANUARY 1994

CONTENTS

Scientific Article

10 Childhood Mortality from Injuries in Kansas, 1985-1990
Causes of death and statistical information from KDHE.
Andrew R. Pelletier, M.D., and Roy C. Baron, M.D., M.P.H.

Departments

1 Cover Story
2 Editorial Comment
4 President's Message
6 Medicina et Lex
8 Alliance News
15 Case of the Month
18 News from KDHE
20 Classified Advertisements

Miscellaneous

17 CME Opportunities
17 Information for Authors
20 Change-of-Address Form

EDITORIAL BOARD

Warren E. Meyer, M.D., Acting Editor
M. Martin Halley, M.D.
Harry G. Kroll, M.D.
Donald R. Pierce, M.D.
James H. Ransom, M.D.
William J. Reals, M.D.
Donald L. Vine, M.D.
Anne D. Walling, M.D.

STAFF

Val Braun, M.P.A.
Managing Editor

Susan Ward
Production Editor

Jeremy Slaughter
Business Manager

KANSAS MEDICINE (ISSN 8755-0059) is published monthly by the Kansas Medical Society, 623 W. 10th Avenue, Topeka KS 66612. KMS membership includes a one-year subscription for which $15 is allocated from each member's dues. Rates to others: $45/yr domestic; $50/yr foreign. Printed by The Ovid Bell Press, Inc., Fulton MO. Second class postage paid at Topeka KS and at additional mailing offices. POSTMASTER: Send address changes to KANSAS MEDICINE, 623 W. 10th Avenue, Topeka KS 66612.

Indexed in *Hospital Literature Index* and *Index Medicus*. Available through University Microfilms. Listed in *CC/Clinical Practice*. Search Resource for Institute for Medical Information, Inc., and Medical Search, Inc.

Copyright 1994 by the Kansas Medical Society. Permission to reproduce materials published herein must be obtained from KANSAS MEDICINE and the author(s). Although effort is made to publish only accurate articles and legitimate advertisements, KANSAS MEDICINE denies legal responsibility for statements, opinions or advertisements appearing under the names of contributors or concerns. Address all correspondence to: KANSAS MEDICINE, 623 W. 10th Avenue, Topeka KS 66612.



ABOUT OUR LOGO

In January 1935, a new logo appeared on the cover of KANSAS MEDICINE for the first time. This device represents two stethoscopes: the original monaural type as used by Läennec, and the modern binaural variety. The logo was designed expressly for KANSAS MEDICINE by renowned graphic designer Bradbury Thompson, a native of Topeka and friend of two former editors of the journal, Dr. W.M. Mills and Dr. Lucien Pyle. As another former editor, Dr. Orville R. Clark, wrote in January 1955, the logo "has become as much a part of the journal as any of the features on the inside and is something which is ours alone."

COVER STORY

Traditionally, the Kansas State Capitol has graced the cover of the January issue of KANSAS MEDICINE. This is a time to remember that on January 19, 1861, Kansas became the 34th state in the Union, and that during the Civil War she contributed a higher percentage of her population to the Union forces than any of the other northern states.

This is also a time to think of another war, though perhaps a friendlier one than that mentioned above: the beginning of the 1994 Legislative Session. As the Kansas Medical Society, we need to be good citizens, both individually and collectively, to see that laws that affect the health of Kansas citizens do indeed promote good health.

All of us learned in school that our state capitol is in Topeka, but how many of us know that Kansas has had six capitols (and capitals) in its history? The first territorial capitol was at Ft. Leavenworth in 1854. Later that year, the capital was relocated to Shawnee Mission. For part of 1855 it was Shawnee Mission, and then Pawnee. The capitol from Pawnee has been restored and is part of an historical walk at Ft. Riley. Lecompton was the capital from 1857 to 1858. Then Lawrence had a turn from 1858 to 1859, when it was moved to what we presume is its permanent home, Topeka.

Construction of the capitol building was begun in 1866, and it was "completed" in 1903. We have put the word completed in quotes because the building was never finished quite the way it was originally envisioned. Previous cover stories have detailed some of the problems that accompanied its construction. A statue of Ceres, the goddess of the harvest, was to be placed atop the dome, but since Ceres' traditional costume was topless the mores of the day intervened. (Apparently, no one thought to solve the problem with strategic placement of her sheaf of wheat.) In recent years, as classical motifs have declined in popularity, the figure of an Indian has been suggested for the ornament on the dome. A design was created, and a model exists, but so far the Legislature has balked at approving the funds necessary to make the full-size version.

That the Legislature has had trouble getting this matter resolved should surprise no one, since the state motto, "ad astra per aspera," means "to the stars through difficulty." No self-respecting Jayhawker would want it any other way.

What Is Past Is Prologue



As we enter another new year with all the hopes, expectations and resolves for change for the better, fruition of dreams and plans for improvement in personal, professional, social and legislative arenas, it is wise to pause and reflect on the past to avoid its errors as we lay out the course for the future. Nowhere is this truer than in the halls of Congress, and in our own statehouse as the Kansas Legislature begins another session this month.

January is named for the Roman god Janus, keeper of gates and doors; therefore the doorkeeper of heaven and the god of beginnings and endings. He was originally a supreme deity and in later mythology was second only to Jupiter. Janus was the mediator of prayers and petitions to the other gods. His blessing was asked at the beginning of every day, month and year. He was also said to preside over the sowing of crops. Roman commanders departed for war through the doors of his temple at the Forum, closed only in times of peace. Janus was most often portrayed in art with two faces looking in opposite directions, symbolizing his view toward both the past and the future.

Such an outlook is essential as individuals, communities, states and nations move toward the 21st century. We need to learn from the past in order to avoid repeating our errors (however well intentioned) as we plan for the future. The maxim "Those who do not learn from history are doomed to repeat it" is as applicable today as when it was first uttered. Yet the number of leaders who fail to heed its warning is amazing.

Our state and federal legislators will convene this month with a long list of things to be done, issues that will require truth, honesty, unbiased discussion and time to find the right way to proceed. In addition, it is vital that they look to the past to avoid pitfalls which await them if they fail to seek the benefits of hindsight.

Health care will be an important topic at both the federal and state levels — and we hope the outcome will spell reform and not revolution. The federal government seems bent on government control of the new health care system, yet one has only to look at the recent past to see the government's inability to manage Medicare and Medicaid. A longer look into the past recalls the Veterans Administration and the Indian Health Service as examples of government ineptness. Most people do not feel the federal government can capably run a health care program, and they favor a restructuring of the present system instead. Will Topeka and Washington listen?

One can only hope that government, both state and federal, will look Janus-like at both the past and the future to avoid making a mistake. The feds should remember their error when they predicted the cost of Medicare by 1990. Kansas has labored over the Medicaid budget shortfalls since its beginnings. It seems that either the government can't count, or it doesn't want to learn.

It would be wise for all of us to review some wisdom from the past. Abraham Lincoln made some pithy observations that still hold true:

You cannot bring about prosperity by discouraging thrift.

You cannot strengthen the weak by weakening the strong.

You cannot help the little man by tearing down big men.

You cannot help the wage earner by pulling down the wage payer.

You cannot establish sound security on borrowed money.

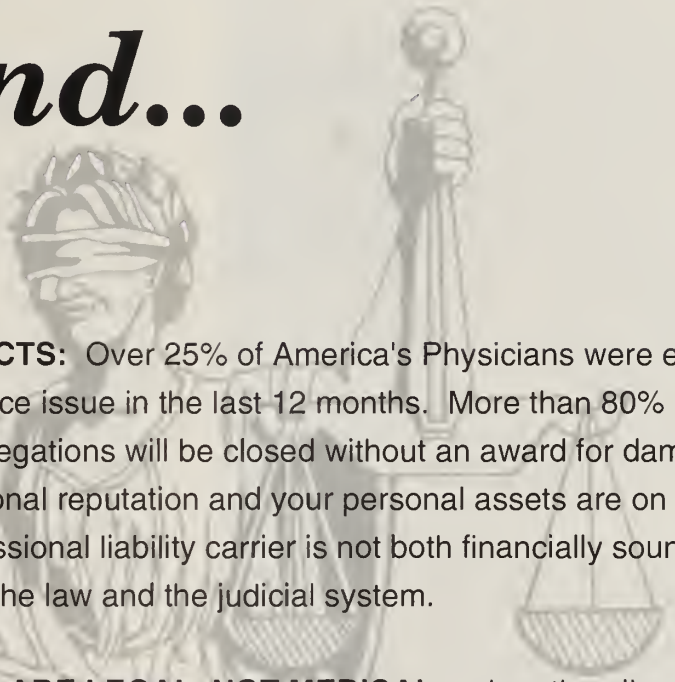
You cannot keep out of trouble by spending more than you earn.

You cannot build character and courage by taking away men's initiative and independence.

You cannot help men permanently by doing for them what they could and should do for themselves.

These timeless words are valuable for all of us to ponder as we look forward to a new year that will be better, brighter and more fulfilling than the one just past. W.E.M.

...a promise to defend...



HERE ARE THE FACTS: Over 25% of America's Physicians were embroiled in a malpractice issue in the last 12 months. More than 80% of those malpractice allegations will be closed without an award for damages. Your professional reputation and your personal assets are on the line when your professional liability carrier is not both financially sound *and* experienced in the law and the judicial system.

WHEN THE ISSUES ARE LEGAL, NOT MEDICAL-- when the allegations are frivolous, or highly emotional-- you need a company and legal representation that understands the problem and has the experience to resolve the issue. The Medical Protective Company has specialized in defending doctors since 1899. Our legal and claims management experience is unmatched by any other insurer in the U.S.

FOR MORE INFORMATION on how we can protect your professional reputation and your personal assets, call your local Medical Protective General Agent at 1-800-344-1899.

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA
Professional Protection Exclusively since 1899

A+ (Superior) A.M.Best **AA (Excellent) Standard and Poor's**

Curtain Calls or Curtains for the Clinton Health Plan?



The AMA has called the Clinton Health Plan a four-act play. Act I began when Governor Bill Clinton started down the campaign trail, emphasizing the need for fundamental reform of the health care system. All of us owe the Clintons our *thanks* for beginning this dramatic event, which emphasizes access for all persons, a basic benefits package and preventive care.

The curtain fell on Act I in September, when the President gave his three-hour speech to the Joint Session of the U.S. Congress, and several competing plans were introduced in Congress.

The plot thickened in Act II, starting with Clinton's 4½-pound "Health Security Act" presented to the House of Representatives. In Act III, the Senate will consider the plan.

Act IV will feature a massed chorus in the form of the largest conference committee Washington has ever seen. As Senator Dole continues to emphasize, there will be no vote next week. It will be at least a one-year process to run the legislative gamut.

Our policy has been neither to oppose nor to endorse any of these plans. Instead, as physicians, we must be able to continue to advocate for our patients. We don't provide medical care for global patients, so we don't endorse global budgets. The AMA was initially shut out of the decision making process, but insisted on being heard. The "private and confidential" early release of the President's plan when compared with the final document shows how much influence organized medicine has had. It also emphasizes the idiocy of the closed process which would have locked out medicine as a special interest. (It *is* true that we have a special interest: the welfare of our patients.)

The Clinton proposal provides a framework for discussion. As the Clintons themselves say, it is open to compromise. Even Democratic Sen. Moynihan refers to the "fantasy financing" aspect of the plan. And there has been much criticism from both sides of the aisle regarding the bureaucracy involved. Of the many competing plans — Clinton, Gramm, Mitchell, Nichols/Stearns (with medical savings accounts), McDermott (single payor), Dole/Chafee, and Cooper, to name a few — at least six are now before Congress. The cost of the plan and how to fund it are still unanswered questions.

In their basic simplicity, the KMS Health Access Objectives are very pertinent. Much agreement exists in all these plans. Tort reform, even the abolition of the collateral source rule, which Kansas lost in a 1993 Supreme Court decision, is in the President's plan. We *need* a significant limit on attorney fees. We *need* a cap on non-economic damages, such as the one we advocate in Kansas. Even Sen. Jay Rockefeller endorses caps on non-economic damages, a tort reform that really holds down costs. However, when asked about this issue, Sen. Rockefeller predicted that it would not pass in the Senate.

Tax code reform is needed for deductibility of premiums paid by either a company or an individual. Insurance reform must eliminate exclusion for pre-existing conditions, community rating of premiums must occur and portability of health insurance must be ensured.

Little was new at the AMA Interim Meeting in New Orleans December 3–5, but there is a new de-emphasis on employer mandate, paving the way for other choices for providing health insurance.

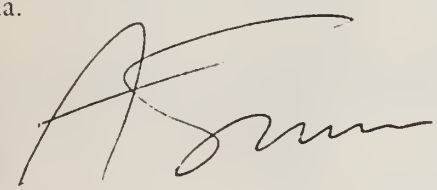
In Kansas, Dr. Bill Roy, retired Topeka obstetrician-gynecologist and politician, is proposing through the "403 Commission" a single-payor, somewhat bureaucratic plan. It will be introduced in the 1994 Legislature, but is not likely to be enacted. There was a minority 403 Commission report opposing this single-payor approach, and Kansas Secretary of Health and Environment Robert Harder has proposed a contrasting, less bureaucratic plan that centers around a voluntary purchasing alliance for state employees and small employer groups.

Meanwhile, the KMS Future Task Force is working quickly to develop a plan for implementing a statewide physician network. In mid-December, a consultant was selected to guide the

The proposed network is one of the most exciting opportunities for physicians we've seen in a long, long time.

formation of the network, and by early February we should have a preliminary report. The proposed network is one of the most exciting opportunities for physicians we've seen in a long, long time. If we can pull together into a network that is patient-centered, cost-effective and quality-driven, physicians can have a lot to say about how health care is delivered and financed in Kansas during the coming years.

In Kansas, about 85% of all practicing physicians are members of KMS. Nationally, 41% are members of the AMA. We have credibility, and the more unity we have, the louder our chorus will sing in Act IV of the unfolding health care reform drama.



YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatic. It may have activity as an aphrodisiac.

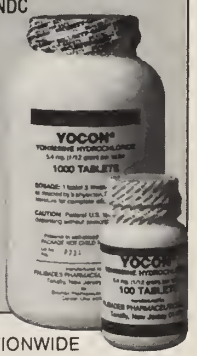
Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.



References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85

AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
64 North Summit Street
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

Alteration of the Record

WAYNE T. STRATTON, J.D.,* *Topeka*



Despite the advice of many attorneys and authors, apparently some physicians still yield to the temptation to alter and supplement medical records after the conclusion of treatment. While no studies, and few cases, actually deal with this issue, it remains the fear of the defense lawyer.

Recently Robert L. Prosser, M.D., a Kansas City emergency medicine physician, documented several cases in *JAMA*. The primary motivation seemed to be to adequately document what was poorly described in the original record. It may seem strange that legal problems could result from clarifying an explanation of medical treatment, so a discussion of this subject is in order.

While some physicians may escape being named in a suit during their career, the great majority will be sued — often more than once. This realistic fact means that each patient must be considered a potential plaintiff, and each chart must be regarded as possible evidence in a malpractice suit. Physicians and other health care providers who prepare the medical record must do so with the realization that a legal document is being created.

Physicians enjoy two substantial advantages when sued. The first is that the medical treatment is described in detail in a contemporaneously created record. When made during the course of the medical treatment and in the regular course of business, the record becomes an exception to the hearsay rule. It is admissible into evidence as something which has probative value, even

A prescription for disaster.

though the scrivener (writer) is unable to recollect the events independently. In many instances, it stands alone against fabrications and emotionally tainted recollections of a dissatisfied patient.

The importance of the record in the defense of a case cannot be overemphasized. Juries understand that memories dim, but a record created at the time of treatment, when there is no motivation for falsification, is a powerful piece of evidence. Unfortunately, if the credibility of the record can be undermined, the focus of the proceeding is diverted from the medical issues into an area in which the physician may not be able to win. Once the jury determines that the record is not an unbiased, contemporaneously created recitation, but one which has been altered, its persuasive effect is lost. Moreover, if it appears that the motivation was to improve it because of the threat of litigation, the record becomes a confession of guilt. In such circumstances, what may have been a perfectly defensible case cannot be won.

The second advantage the physician has in a malpractice trial is the esteem in which he or she is held by the majority of the public. Voir dire questioning usually reveals a few prospective jurors who have had a bad experience, but the majority are quite pleased and satisfied with their medical care. Collectively, there is a reservoir of warmth and gratitude towards the profession. While undoubtedly there are times when physicians abandon hope that they will be held in such trust, the fact remains that they usually are. For this reason, knowledgeable plaintiffs' attorneys seek to undermine the credibility and veracity of the physician.

Once a jury determines that a physician has lied, been evasive or altered a record, the pendulum swings as far — or farther — the other way.

(Continued on page 14.)

*KMS Legal Counsel.

Comments appearing herein are not intended as a substitute for legal analysis or advice. Answers to legal questions depend largely upon the particular facts of a case. The reader is urged to consult an attorney for answers to specific legal questions.

These comments do not necessarily represent the views of KANSAS MEDICINE, or the Kansas Medical Society. For further information, contact Mr. Stratton, 515 S. Kansas, Topeka, KS 66603.



RUN A SPECIAL PRACTICE.

Today's Air Force has special opportunities for qualified physicians and physician specialists. To pursue medical excellence without the overhead of a private practice, talk to an Air Force medical program manager about the quality lifestyle, quality benefits and 30 days of vacation with pay each year that are part of a medical career with the Air Force. Discover how special an Air Force practice can be. Call

USAF HEALTH PROFESSIONS
TOLL FREE
1-800-423-USAF

AIR FORCE

...dedicated to managing the costs of operating a medical practice

- allowing physicians to concentrate on the practice of medicine
- offering volume purchasing of forms, paper goods, and office equipment
- developing capacity to offer expert legal advice on contracts, reimbursement, and other legal issues

MSC
MEDICAL SERVICE
CORPORATION

- providing physicians an advocate in areas of purchasing, compliance, and management
- providing practice monitoring, assessment, and complete office management
- acting as a proven advocate for physicians, endeavoring to create a unified voice in medicine

A KaMMCO Company
Sponsored by the Kansas Medical Society

Medical Service Corporation 8600 Shawnee Mission Parkway, Suite 305
Shawnee Mission, Kansas 66202 (913)262-8282 (800)779-8201 FAX (913)262-8458

Get Ready for Legislative Day!



Dear Physicians of Kansas:

The new year is upon us, and I hope the holiday time gave you a feeling of renewal and a fresh outlook for the future.

The Alliance is looking forward to our February 22 Legislative meeting in Topeka. This year we are "Communicating at the Capitol." I have asked Linda Ellison, KMSA Vice President and Legislative Affairs Chairman, to tell you the details of our event. Linda works with her husband, Paul Ellison, in his ophthalmology practice in Salina. She has participated in the AMAA National Convention and Confluence and feels her KMSA/AMAA activities have given her an expanded perspective on the medical family.

We heartily invite and encourage physicians from all across Kansas to come to this reception with our legislators. You can make a difference for medicine in Kansas by communicating your concerns. Please read the following specifics from Linda. I hope to see you there!

Cathy Wilcox

Over the years, we have seen various legislative issues come and go. There has been much change, but the purpose of KMS and the Auxiliary/Alliance has remained the same: to support KMS and promote education and wellness in our communities. Medical spouses in Kansas are fortunate to have enjoyed an open relationship with KMS. This is very much appreciated by all Alliance members.

The Legislative Affairs Committee is working to inform KMSA members about legislative issues so that we will be prepared to help in any way KMS may ask us to. This year we have set up a statewide network of 14 members to contact other members and legislators during a "legislative alert."

LEGISLATIVE DAY RECEPTION AT A GLANCE

Governor's Row House
Topeka

Tuesday, February 22, 1994
5:30 to 7:30 p.m.

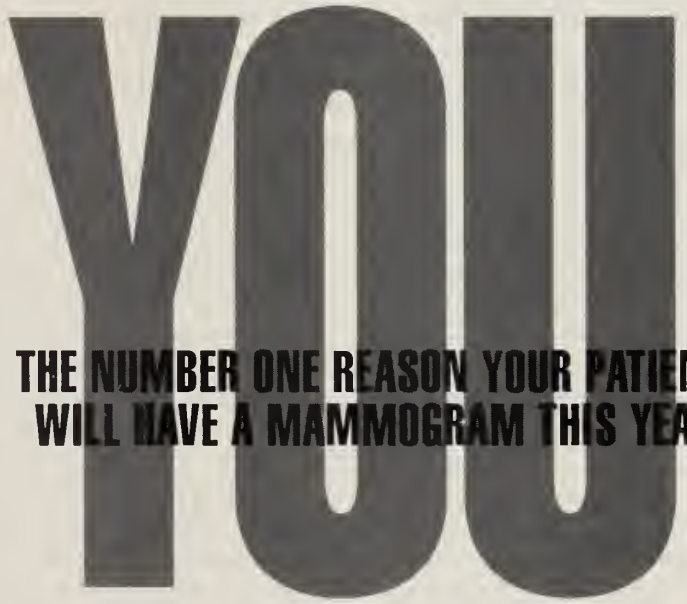
With the drastic changes coming in medicine, the uncertainties and additional stresses the Alliance believes that spouses who are informed will be more understanding and helpful. I challenge all Kansas Medical Society spouses to become informed on the issues and participate in the solutions.

As part of this effort, on February 22 and 23 we will have a legislative day, "Communicating at the Capitol," in conjunction with the KMSA winter board meeting. As part of this event, KMS staff members will present and update on current issues and the KMS position on each one.

The reception will be held from 5:30 to 7:30 p.m. at the Governor's Row House at 8th & Buchanan in Topeka. We hope you will encourage your spouse and colleagues to attend. To register for this event, call Nancy Sullivan at the KMS office, 1-800-332-0156, or your spouse can register both of you with the *Communiqué* registration form. At this annual event, we make a special effort to invite new people and inform them of our views on issues under consideration. We also try to acquaint them with KMS, AMPAC and KaMPAC functions.

Anyone who needs more information about Legislative Day activities may contact me at home, 913-825-4813, or at Dr. Paul Ellison's office, 913-825-7271.

Linda Ellison
KMSA Legislative Affairs Chairman



THE NUMBER ONE REASON YOUR PATIENTS WILL HAVE A MAMMOGRAM THIS YEAR.

More than anyone else, YOU have the power to convey the importance of mammography to your patients.

While regular mammograms are important for women over 40, the risk of breast cancer increases with age, so it becomes critically important that all women over 50 have a mammogram every year.

Annual mammography is crucial for early detection and intervention— it is a woman's only true protection. Yet too many women are not hearing this message.

So no matter what your specialty, the American Cancer Society needs you to recommend an annual mammogram for every woman over 50.

Take the first step. Call 1-800-ACS-2345 for information and literature that can help you make an impact.

COMING FROM YOU, IT MEANS SO MUCH MORE.

give the word.

MAMMOGRAM

EVERY YEAR AFTER 50

Ad Council — A Public Service of This Publication

AMERICAN CANCER SOCIETY

SCIENTIFIC ARTICLE

Childhood Mortality from Injuries in Kansas, 1985-1990

ANDREW R. PELLETIER, M.D.,*† AND ROY C. BARON, M.D., M.P.H.†

From 1985 through 1990, injuries accounted for 1,383 (35%) of the 3,954 deaths among children 0-19 years of age in Kansas. This resulted in an injury death rate of 31/100,000 persons/year. After the first year of life, injuries accounted for more childhood deaths than all other causes combined. Motor vehicle crashes were the leading cause of childhood injury death, accounting for 51% of total deaths. Other leading causes were suicide (10%), homicide (9%), drowning (6%), and residential fires (6%). Firearms were used in 64% of suicides and 47% of homicides and were responsible for 14% of all childhood injury fatalities. Injury death rates were 1.9-fold higher among males than females and 1.3-fold higher among blacks than whites. Rates were also higher among infants (<1 year of age) and adolescents (ages 15-19 years) than among children ages 1-14 years. Because injuries are the leading cause of childhood death in Kansas, greater efforts must be made to control these fatalities. Strategies proven to be effective, such as requiring child restraints in motor vehicles, limiting access to firearms, preventing alcohol and drug use, and using smoke detectors in homes, could reduce childhood mortality.

Introduction

Injuries are the fourth leading cause of death in the United States and the leading cause of death for persons ages 1-44 years.[1] Approximately 150,000 people die as the result of injuries each year in this country.[1] Moreover, injury is the leading cause of years of potential life lost before age 65.[2]

As mortality from infectious diseases has declined, injuries have accounted for an increasing percentage of childhood deaths. For children 1-19 years of age, injuries account for more deaths than all other causes combined.[3]

To determine the current role of injuries in mortality among Kansas children, all deaths among persons ≤19 years of age from 1985 through 1990 were studied. By describing both the causes of fatal injury in children and the groups at high risk, this review is an initial step in identifying targets for public health intervention.

Methods

Childhood was defined as the period from birth through 19 years of age, with subgroups including infancy (<1 year of age) and adolescence (15-19 years of age). Information on deaths in Kansas for persons 0-19 years of age from 1985 to 1990 was obtained from the computerized death certificate files maintained by the Office of Vital Statistics in the Kansas Department of Health and Environment.

Cause of death was determined by using external cause of death codes (E-codes) from the International Classification of Diseases, 9th revision (ICD9). Injury code groupings were consistent with those used by the U. S. Public Health Service[4] (Appendix 1).

To represent the state population during the midpoint of the study period, annual rates were calculated from 1987 through 1988 age-specific estimates of the Kansas population. These estimates were interpolated from 1980 and 1990 census data.

Data were analyzed using EPI INFO 5 software. Rate ratios (RRs) and 95% confidence intervals (CIs) were used to compare rates for specific causes of death by sex and race. A rate ratio is the ratio of the mortality rate in one group (e.g., males) to the mortality rate in a comparison group (e.g., females). A rate ratio of 1.0 indicates no

*Bureau of Disease Control, Department of Health and Environment, Topeka, Kansas
†Division of Field Epidemiology, Centers for Disease Control and Prevention, Atlanta, Georgia
Address correspondence to Dr. Pelletier at Mills Building, 109 SW 9th, Topeka, Kansas 66612.

The authors thank Elizabeth Saadi, Ph.D., for providing the mortality data for this study; Terry O'Brate and Arlene Slocum for providing the census data; Beverly Miller and Susan Butterfield for providing the results of the observational study on safety belt use; and Joyce Grosko for providing the results of the 1990 Kansas Youth Risk Behavior Survey.

difference in mortality rates between groups. The confidence interval is the range of values that has a 95% probability of including the true rate ratio. A rate ratio for which the 95% confidence interval did not include 1.0 was considered statistically significant.

Results

From 1985 through 1990, there were 3,954 deaths among persons ≤ 19 years of age in Kansas; 1,383 (35%) deaths were due to injuries — for an injury death rate of 31/100,000 persons/year. Injuries were responsible for 4% of all deaths among infants, 53% of deaths among children 1-14 years of age, and 82% of deaths among adolescents.

Injury death rates were highest for adolescents and infants (Table 1). Adolescents accounted for more than half of all injury deaths in persons ≤ 19 years of age. Males had a 1.9-fold greater death rate from injuries than females (95% CI 1.7-2.2), and blacks had a 1.3-fold greater death rate from injuries than whites (95% CI 1.1-1.6). Five types of injuries (motor vehicle crashes, suicide, homicide, drowning and residential fires) accounted for 82% of injury mortality.

Motor vehicle crashes were the leading cause of injury mortality, accounting for 51% of all injury deaths. Of the 700 victims of these crashes, 72% were motor vehicle occupants, 10% were pedestrians, 7% were motorcyclists, 2% were bicyclists and 9% were unspecified. By age, motor vehicle crash death rates were similar from infancy through age 14 (range 7.5-8.1/100,000 persons/year) (Figure 1). However, the death rate for adolescents (40.3/100,000 persons/year) was approximately fivefold greater than for the younger age groups; 63% of childhood motor vehicle fatalities occurred among children 15-19 years of age. Males (RR = 1.7; 95% CI 1.4-1.9) and whites (RR = 2.2; 95% CI 1.5-3.3) were more likely to be killed in crashes than females and blacks. Motor vehicle fatalities were 1.7 times more common in the summer (June through August) than in the winter (December through February).

Suicide, the second leading cause, accounted for 10% of injury mortality. Sixty-four percent of suicides were committed with firearms (Figure 2). Of the 145 suicides, 88% were committed by adolescents and the remainder by children 10-14 years of age. Males were 4.5 times more likely to commit suicide than females (95% CI 3.0-7.0). Suicide rates did not vary by race or by season of the year.

Homicide, the third leading cause, accounted for 9% of injury mortality. Forty-seven percent of homicides were committed with firearms (Figure 3). From infancy through ages 10-14 years, homicide rates declined with increasing age; the rate rose again sharply, however, among adolescents (Figure 1). Blacks were 7.2 times more likely to be murdered than whites (95% CI 5.0-10.4).

APPENDIX 1
INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION,
CODES FOR CAUSE OF DEATH FROM INJURY

Cause of death	*ICD9 code*
Injury	E800-999
Unintentional injury	E800-949
Motor vehicle crash	E810-825
Drowning	E830, 832, 910
Residential fire	E890-899
Suffocation	E913
Firearms	E922
Choking	E911, 912
Falls	E880-888
Intentional injury	E950-978, 990-999
Suicide	E950-959
Firearms	E955.0-955.4
Homicide	E960-969
Firearms	E965.0-965.4
Legal intervention	E970-978
Firearms	E970
Injury of undetermined intent	E980-989
Firearms	E985.0-985.4

There was no significant difference in rates by sex or season of the year.

Drowning was responsible for 6% of injury deaths; rates were highest for infants and children 1-4 years of age (Figure 1). Males were 3.8 times more likely to die from drowning than females (RR = 3.8; 95% CI 2.1-6.2). The male-to-female rate ratio increased from 1.9 (95% CI 1.0-3.5) for children 0-9 years of age to 33.2 (95% CI 4.3-228.4) for 10- to 19-year-olds. Of the 34 children ≥10 years of age who drowned, only one was female. There was no significant difference in rates between the races. Seventy-nine percent of drownings occurred during late spring (May) and summer (June-August).

Residential fires accounted for 6% of injury deaths; most deaths were attributed to smoke inhalation (70%) or burns (24%). Rates were highest for children ≤ 9 years of age (Figure 1). There was no difference in rates between males and females, but blacks were 5.3 times as likely as whites to die in residential fires (95% CI 3.3-8.5). Fifty-four percent of fire deaths occurred during the winter months, December through February.

Comments

This paper provides a general overview of the problem of fatal injury among persons 0-19 years of age in Kansas. Although injury is the leading cause of death in childhood, it is also a preventable public health problem. By identifying the major causes of fatal injury and groups at increased risk, intervention programs can be developed to reduce injury deaths among children.

TABLE 1
INJURY MORTALITY FOR AGES 0-19 YEARS BY AGE GROUP, GENDER, RACE AND CAUSE: KANSAS, 1985-1990

	Number of injury deaths	*Percentage of all injury deaths*	*Annual rate per 100,000*
Age			
<1	88	6	42.2
1-4	228	16	25.0
5-9	163	12	14.4
10-14	161	12	15.0
15-19	743	54	67.5
Gender			
Male	927	67	40.8
Female	456	33	21.2
Race			
White	1226	89	31.6
Black	133	10	41.5
Other	24	2	10.5
Injury			
Unintentional			
Motor vehicle crash	700	51	15.8
Drowning	82	6	1.9
Residential fire	80	6	1.8
Other	223	16	5.0
Suffocation	(50)		
Firearms	(37)		
Choking	(25)		
Falls	(16)		
Intentional			
Suicide	145	10	3.3
Firearms	(93)		
Homicide	126	9	2.8
Firearms	(59)		
Legal intervention	1	<1	<0.1
Firearms	(1)		
Intent unknown			
Other	26	2	0.6
Firearms	(6)		
Total	1383	100	31.2

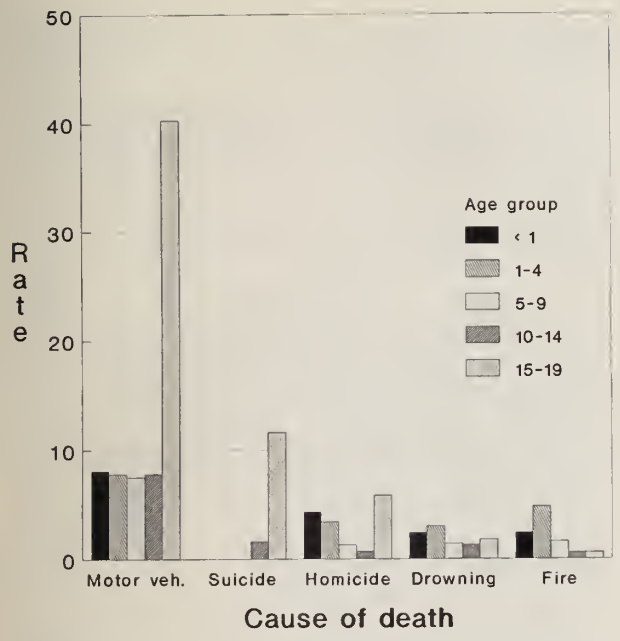


Figure 1. Injury death rates for ages 0-19 years by age group and cause: Kansas, 1985-90. Rate is deaths/ 100,000/year.

Males are at greater risk than females for most categories of fatal injury, largely because of greater risk-taking behavior.[5] Blacks are at greater risk of fatal injuries than whites in Kansas, a finding that is consistent with national data.[6] Although the role of race, per se, is not clear, socioeconomic status may be an important factor in this difference, since black race and relatively low socioeconomic status are associated, and poverty is an important determinant of risk of injury.[6,7]

The high rate of fatal injury among adolescents reflects the increasing role of motor vehicle crashes, suicide and homicide as children enter this age group. Interventions that target adolescent injury mortality will need to address behavior patterns (i.e., impaired driving and personal violence) in this age group.[3]

Seasonal patterns of injury mortality generally reflect seasonal patterns of exposure to risks; for example, more drownings occur in late spring and summer, when more children are swimming, than during other times of the year. Similarly, more motor vehicle crash fatalities occur in summer, when the number of vehicle miles traveled peaks. The increased number of deaths in house fires during winter may reflect increased exposure to indoor areas and the attendant risks (e.g., faulty heating systems). These seasonal patterns of injury mortality can be used to target prevention campaigns during high-risk periods of the year.

One limitation of death certificate information is the lack of detail concerning the circumstances of a fatal event, such as the cause of a house fire, or whether a child was properly restrained in a motor vehicle, or adequately supervised while swimming. Such information is often necessary to propose specific control measures. However, despite the limited information provided by vital records, the available data suggest the promotion of several proven methods of injury control.

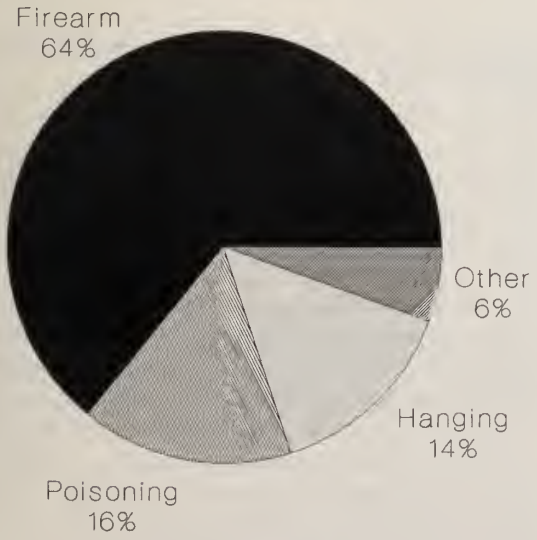


Figure 2. Method of suicide for ages 0-19 years: Kansas, 1985-90.

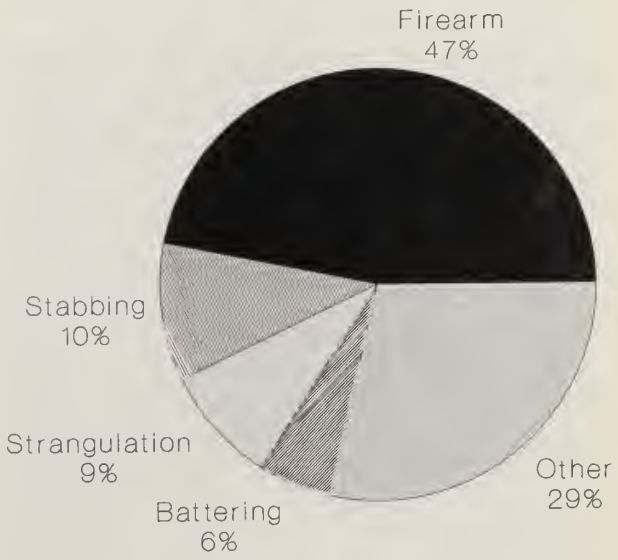


Figure 3. Method of homicide for ages 0-19 years: Kansas, 1985-90.

Child restraints — in the form of car seats and safety belts — have been shown to protect children involved in motor vehicle crashes.[3,8,9,10] Although the current law in Kansas requires children <14 years of age to be restrained in passenger cars, results of a 1991 observational survey in the state indicate that only 52% of children 0-14 years of age were properly restrained (Kansas Safety Belt Education Office, unpublished data). Improved enforcement of existing laws and extension of those laws to include all ages of children should be required.[3,8,9,10]

Reducing motor vehicle fatalities among adolescents may require additional efforts. Alcohol is a contributing factor in approximately half of such deaths.[3] In a 1990 survey of Kansas students in grades 9-12, 45% of students reported that during the previous month they had been in a motor vehicle driven by someone who had been drinking or using drugs (1990 Kansas Youth Risk Behavior Survey, unpublished data). Interventions targeting alcohol and drug use in this age group will need to be made in order to decrease motor vehicle fatalities.[3,8,9,10]

Firearms accounted for one in seven childhood injury deaths in Kansas. Many of these deaths resulted from children having access to guns.[11,12] In a 1985 study conducted in Texas, 38% of families with children had a gun in their home, and 10% of these families reported that they kept a loaded firearm in an unlocked area accessible to a child.[11] Interventions to prevent firearm-associated deaths should focus on reducing access to firearms by restricting handgun sales and promoting the appropriate storage of weapons.[3,10,11,13]

Drowning prevention for children includes the use of fencing and self-latching gates around swimming pools so that children do not have access to these areas when unsupervised.[3,10,14-16] Reducing drowning among adolescents, especially males, requires education in water safety and the dangers of swimming while intoxicated.[3,14,16]

The use of smoke detectors is an effective method for preventing deaths from house fires; the risk of dying in a fire in a home with a smoke detector is half that in a home without a detector.[10,17,18] Data from Kansas in 1988 indicated that only 46% of homes had smoke detectors.[19]

Unfortunately, injuries are still often viewed as unavoidable "accidents." Because injuries are the leading cause of childhood death in Kansas, greater efforts must be made to control these fatalities. Our findings show that five types of injury account for more than four-fifths of childhood injury deaths; within each type of injury there are well-defined risk groups that can be targeted for public health interventions. Preventive strategies that have proven to be effective, such as requiring child restraints in motor vehicles, limiting access to firearms, preventing alcohol and drug use, and using smoke detectors in homes, can be promoted to reduce childhood mortality.

REFERENCES

A complete list of references is available from Dr. Pelletier.

1. National Center for Health Statistics. Health, United States, 1990. Hyattsville, Maryland: Public Health Service, 1991; DHHS Publication No. (PHS)91–1232.
2. CDC. Update: years of potential life lost before age 65 -United States, 1988 and 1989. MMWR 1991;40:60–2.
3. CDC. Childhood injuries in the United States. Am J Dis Child 1990;144:627–46.
6. Gulaid JA, Onwuachi-Sanders EC, Sacks JJ, Roberts DR. Differences in death rates due to injury among blacks and whites, 1984. MMWR 1988;37(SS-3):25–31.
8. Agran P, Castillo D, Winn D. Childhood motor vehicle occupant injuries. Am J Dis Child 1990;144:653–62.
10. National Committee for Injury Prevention and Control. Injury prevention: meeting the challenge. New York: Oxford University Press; 1989.
12. Wood NP, Mercy JA. Unintentional firearm-related fatalities, 1970-1984. MMWR 1988;37(SS-1):47–52.
13. Christoffel KK. Violent death and injury in US children and adolescents. Am J Dis Child 1990;144:697–706.
14. Wintemute GJ, Kraus JF, Teret SP, Wright M. Drowning in childhood and adolescence: a population-based study. Am J Public Health. 1987;77:830–32.

MEDICINA ET LEX

(Continued from page 6.)

A person who has little credibility loses little if shown to be a liar, while one who is held in esteem sinks the deepest. Dr. Prosser was correct in saying:

"Physicians who change medical records (in the sense of providing additional or more accurate information) are usually honest, well-intentioned, scared physicians who have inadequately documented good medical care. Altering or adding to a record that may be reviewed in the course of litigation may give the appearance of intentional deceit. The ethical and legal consequences of giving this impression are unpredictable and the physician is wise to avoid those uncharted waters."

Renal Cell Carcinoma Followed by a Cerebellar Mass

JOHN J. KEPES, M.D.,* AND WILLIAM L. YARDE, M.D.,† *Kansas City*

A 43-year-old woman was referred to the Neurosurgery Service with a two-month history of nausea and vomiting. She denied any visual dysfunction. Past history included the diagnosis of multiple renal cysts in 1979, at age 29. At age 42, she underwent partial left nephrectomy for renal cell carcinoma. (Radiological and histopathological findings of that episode are shown in Figures 1 and 2.) Her family history is significant in that her father and a paternal uncle were diagnosed with the von Hippel-Lindau syndrome.

Physical and neurological examination on admission revealed only slight left dysmetria. Magnetic resonance imaging showed a 2.2 x 2.0 cm right cerebellar hemispheric mass (Figure 3). There was an associated predominantly right-sided tonsillar herniation, narrowing of the fourth ventricle and obstructive hydrocephalus. The patient underwent a suboccipital craniectomy and resection of a well circumscribed, vascular-appearing solid tumor of soft consistency.

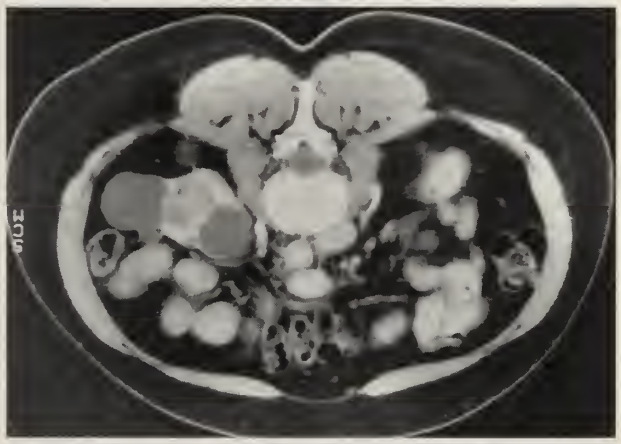


Figure 1. CT scan with enhancement at the level of the lower pole of the left kidney. A partly solid, partly cystic mass occupies the central portion of the kidney at this level.

Pathological Findings

The nephrectomy specimen from 1992 showed a large (1.2 x 1.6 cm) mass occupying the lower pole of the left kidney. In addition, multiple cysts with smooth linings, ranging in diameter from a few millimeters to 2 to 3 centimeters were present in the same kidney. The tumor itself had several cystic spaces. Microscopically, the solid portions of the tumor showed the typical picture of a renal cell carcinoma, with large very pale, almost empty-looking ("plant-like") epithelial cells forming solid clusters or imitations of tubular structures (Figure 2). The presence of large amounts of glycogen was identified by PAS stain in the pale cells. In contrast, the cerebellar tumor did not have an epithelial component. It consisted of large numbers of thin-walled capillaries with clusters of interposed stromal cells (Figure 4). Some of the capillaries were "hidden" in this mixture of tissue elements, but immunoperoxidase stain for capillary endothelium brought their presence into

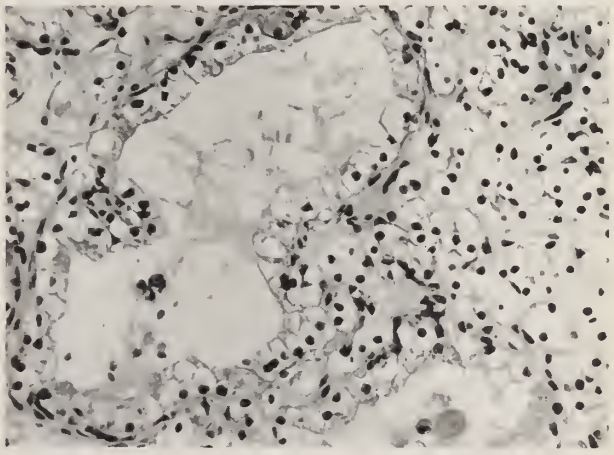


Figure 2. From the surgically removed tumor of the left kidney: the neoplasm is composed of neoplastic epithelial cells with pale, "empty-looking" cytoplasm resembling plant cells. They form solid clusters, as well as imitations of tubules. (Hematoxylin-eosin X 220)

*Dept. of Pathology and Laboratory Medicine, KUMC.
†Dept. of Surgery, Section of Neurosurgery, and Dept. of Pathology and Laboratory Medicine, KUMC.
Address correspondence to Dr. Kepes at Dept. of Pathology and Laboratory Medicine, KUMC, 3901 Rainbow Boulevard, Kansas City, KS 66160-7410.

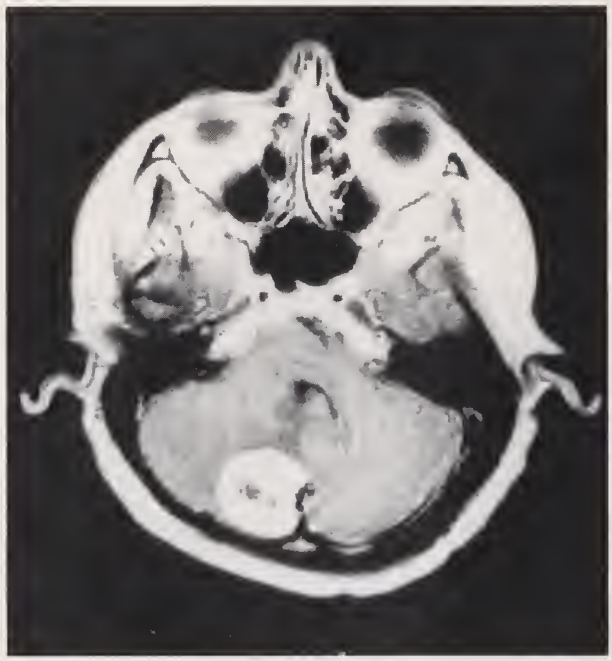


Figure 3. MRI scan of cerebellum shows well circumscribed, round, strongly enhanced mass in right cerebellar hemisphere close to midline. (T-1 weighted gadolinium-enhanced MRI scan)

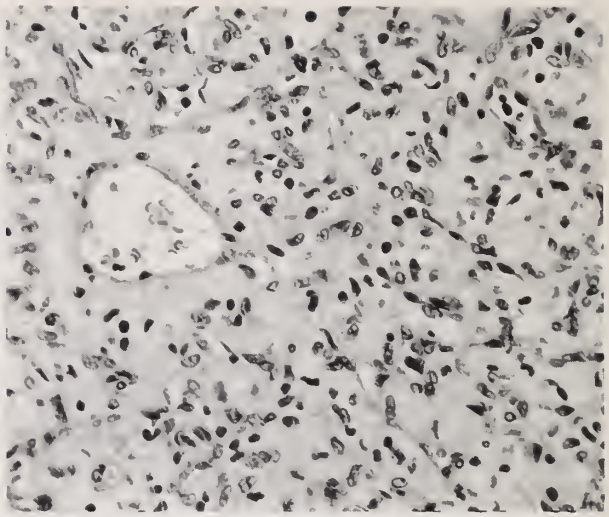


Figure 4. The cerebellar mass has capillaries in varying stages of dilatation (some are collapsed), and clusters of foamy "stromal cells" between the capillaries. (Hematoxylin-eosin X 280)

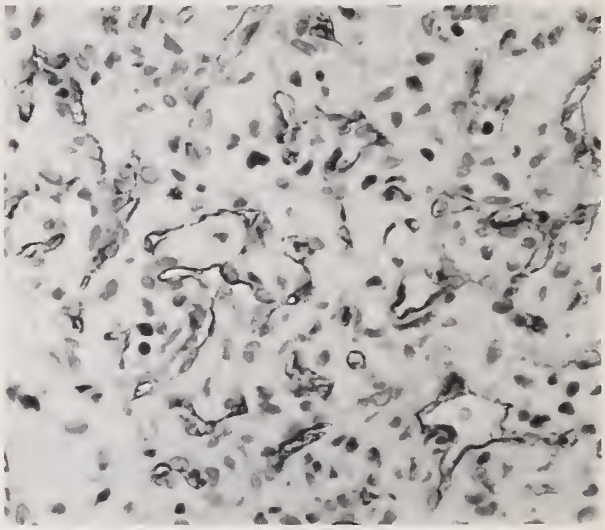


Figure 5. Immunostaining for capillary endothelium highlights the capillary channels within the neoplasm. (QBEnd 10 immunoperoxidase stain X 280)

sharper focus (Figure 5). The findings were those of a classical capillary hemangioblastoma, or Lindau's tumor, with no histological evidence of malignancy or of metastatic tumor cells from the renal cell carcinoma.

Discussion

This patient is suffering from the protean manifestations of the von Hippel-Lindau syndrome. This autosomal dominantly inherited disorder is characterized by a variety of benign and malignant neoplasms widely dispersed throughout the body.[1] The most common and characteristic neoplasms are retinal hemangioblastoma (or "angiomatosis"), first described by the German ophthalmologist von Hippel[2]; and cerebellar hemangioblastoma, as defined by the Swedish neurosurgeon Lindau.[3] The latter was also first to establish the coexistence of the above tumors with cysts and tumors in other parts of the body, such as the kidneys and lungs. Adrenal masses in this syndrome are usually manifested by pheochromocytomas. Some of these lesions may be clinically manifest during the patient's lifetime, while others may be occult, detected only at autopsy.[4]

Of the above, central nervous system hemangioblastomas (which may present not only in the cerebellum, but also in the medulla oblongata, spinal cord and hemispheric meninges, sometimes as multifocal lesions) pose the greatest danger to life. Another major cause of death is renal cell carcinoma, found in up to 50% of patients, often bilaterally, and it typically presents at an earlier age than sporadic non-familial cases of the same tumor. In a study of 116 patients with the von Hippel-Lindau syndrome, Huson et al.[5]

found 22 cases with renal cell carcinoma with ages ranging from 31 to 69 years and a mean age of 43. (Our patient was 42 years old at the time of her nephrectomy!)

It has been suggested that prospective routine checkups using scanning of the kidney should be done on patients with this syndrome.[5,6] It is of interest to note that even sporadic cases of renal cell carcinoma exhibit a chromosomal change identical to that found in patients with the von Hippel-Lindau syndrome in the region of chromosome 3.[1,7]

REFERENCES

1. Cotran RS, Kumar V, Robbins SL. *Robbins Pathologic Basis of Disease* (W.B. Saunders, 1989), p. 140.
2. Von Hippel E. Über eine sehr seltene Erkrankung der Netzhaut. *Arch Ophthal* 1904;59:83–106.
3. Lindau A. Cysts in the cerebellum (structure, pathogenesis and relations to angiomatosis of the retina). *Acta Pathol Microbiol Scand Suppl* 1926;1:1–128.
4. Tomita T, Vachal E, Rengachary S, et al. Occult adenocarcinoma of the pancreas in a patient with Lindau's disease. *Am J Digest Dis* 1978;23:80–3s.
5. Huson SM, Harper PS, Hourihan MD, et al. Cerebellar hemangioblastoma and von Hippel-Lindau disease. *Brain* 1986;109:1297–1310.
6. Lee KR, Wulfsberg E. Kepes JJ. Some important radiological aspects of the kidney in Hippel-Lindau syndrome: The value of prospective study in an affected family. *Radiology* 1977;122:649–53.
7. Seizinger BR, Rouleau GA, Ozelius LJ, et al. Von Hippel-Lindau disease maps to the region of chromosome 3 associated with renal cell carcinoma. *Nature* 1988;332:268–69.

CME OPPORTUNITIES

Neuromuscular Disorders, Feb. 4, Kansas City, MO; 6 hrs. cat. 1. Ed Bixby Institute, 800-821-5140, ext. 4306.

Pain Medicine Refresher Course/Conference, Feb. 18-20, Orlando, FL. American Academy of Pain Medicine, contact Cathy Crabbe, 708-966-9510.

Emergency Medicine, Feb. 20-25, Lake Tahoe, NV; 25 hrs AMA cat. 1, ACEP, AAFP. UC-Davis Medical Center, 916-734-5390.

Frontiers in Ovulation Induction, March 4, Denver, CO. Washington University Sch. of Med., 800-325-9862.

Critical Care Medicine, March 5-10, Oklahoma City, OK. Dora Lee Smith, OU Health Sci. Center, 405-271-5904.

What's New in Diabetes? March 11, Kansas City, MO; 5 hrs. cat. 1. Ed Bixby Institute, 1-800-821-5140, ext. 4306.

Western Scientific Assembly, March 17-20, Anaheim, CA; 157 hrs. AMA cat. 1, 156 hrs. AAFP, 130 hrs. ACEP cat. 1. Cal. Med. Assoc., 415-882-3384.

Asthma, March 18, St. Louis. Washington University Sch. of Med., 800-325-9862.

Information for Authors

Manuscripts must be typewritten, double-spaced, leaving wide margins. The original plus one copy should be submitted. Manuscripts are received with the explicit understanding that they are not simultaneously under consideration by any other publication. Publication elsewhere may be subsequently authorized at the discretion of the editor.

Brief, concise **articles** are preferred; an ideal manuscript will not exceed five double-spaced pages. All material will be edited by the editorial staff to assure clarity, good grammar and appropriate language, and to conform to KANSAS MEDICINE style and format. When feasible, material may be condensed.

The author will be asked to review the **galley proof** prior to publication. Although editing and proofreading will be done with care, the author is responsible for accuracy of material published. The galley proof is for correction of ERRORS; rewriting of material *must* be done prior to submission. Authors are urged to check manuscripts and galley proof carefully for errors that could result in inaccurate information.

Drugs should be referred to by generic names; trade names may follow in parentheses if useful. All **units of measure** must be given in the metric system.

KANSAS MEDICINE will print a maximum of **ten references.** All references should be keyed with superscripts in the text in the order cited. If more than ten sources are cited, readers will be referred to the author for the complete list.

Illustrative material must be identified by its referral number in the text and be accompanied by a short legend. **Photos** should be black-and-white glossy prints. **Tables** should be self-explanatory and should supplement, not duplicate, the text.

KANSAS MEDICINE will assume the cost of black-and-white figures and tables for two units. A unit is defined as ¼ page. The author(s) will be billed for additional units at cost.

A **reprint** order form with a table showing estimated cost will be sent with the galley proof. Reprints must be ordered by the author through KANSAS MEDICINE, and will be billed to the author following shipment.

HIV Prevalence Among Childbearing Women in Kansas

Since May 1990, the Kansas Department of Health and Environment has been conducting an HIV (human immunodeficiency virus) seroprevalence study of childbearing women in Kansas. By law, blood specimens from all newborns are submitted to the state public health laboratory, where they are tested for such conditions as phenylketonuria, galactosemia and congenital hypothyroidism. After this testing is done, identifiers are removed and specimens are tested for HIV. Because the test reflects passive antibody acquired in utero, results from the testing of newborns are used to measure HIV infection among childbearing women in Kansas. Currently, it is estimated that only 18 to 30% of newborns with positive tests will actually be infected with HIV. The remaining infants will clear maternal antibody in 12 to 15 months and remain disease free.

During the first 2.7 years of the study, there were 26 confirmed positive tests for HIV among newborns in Kansas. The number of newborns with positive test results has remained relatively constant during the past two years (9 during the last 8 months of 1990, 8 in 1991, and 9 in 1992). The average age of infected mothers was 23 years (range: 17 to 31). Thirteen (50%) of the mothers were white, ten (38%) were black, one (4%) was Hispanic, and two (8%) were of unknown race (Table). The rate of HIV infection in childbearing women was approximately 8 times greater in African-Americans than in other racial or ethnic groups. The HIV-infected women were residents of 12 different counties in Kansas. As the map at right shows, hospital district 6 in southwest Kansas had the highest rate of infection (6.3 per 10,000 live births). Hospital districts 1 and 4, which include the four largest metropolitan areas in the state (Wichita, Kansas City, Topeka and Lawrence), had relatively low rates of infection. This suggests that behaviors which place individuals at high risk for HIV infection are not confined to any one geographic area of the state.

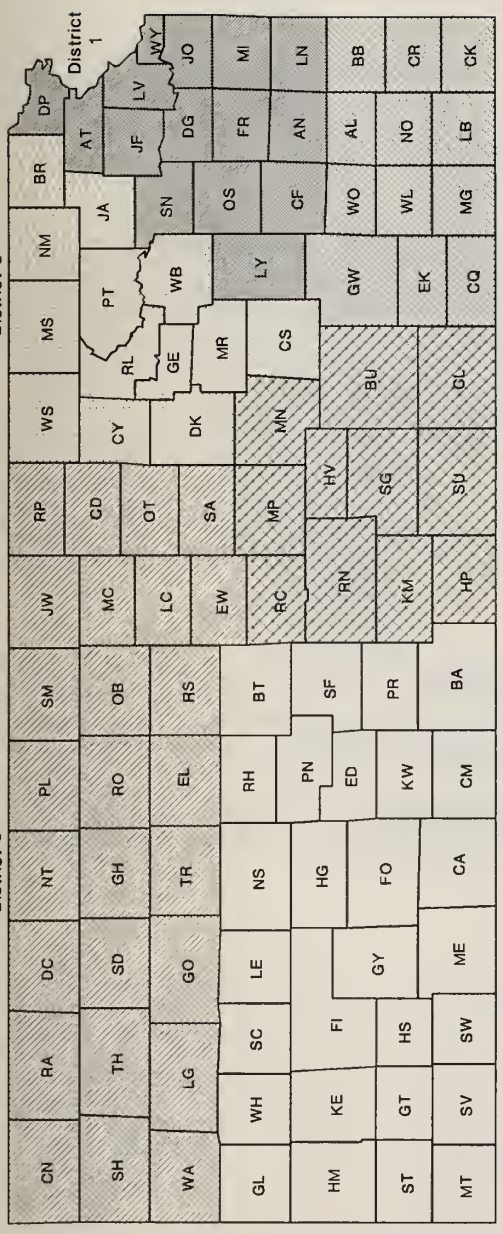
The Kansas rate of 2.4 per 10,000 live births in 1992 is below the rate for the United States (17.0 per 10,000) and the rates for the neighboring states of Missouri (4.6 per 10,000), Oklahoma (4.5 per 10,000) and Colorado (4.3 per 10,000). New York had the highest rate in 1992, with 59.0 per 10,000 live births. Wyoming had the lowest rate, with 0.0 per 10,000.

Along with two other seroprevalence surveys (Job Corps applicants and military recruits), these data are useful for monitoring trends in HIV infection in Kansas and for identifying groups at high risk. The data may also be used to make decisions about the allocation of resources for health education, risk reduction, and counseling and testing.

Reported by: AIDS Section, Bureau of Disease Control, Kansas Department of Health and Environment.

RATE OF HIV SEROPOSITIVITY IN CHILDBEARING WOMEN BY RACE AND ETHNICITY IN KANSAS, MAY 1990-DECEMBER 1992

Race/Ethnicity	*Number Tested*	*Number HIV+*	*Rate per 10,000*	*One in Every*
White	90,421	13	1.4	6,955
African-American	9,207	10	10.9	921
Hispanic	7,566	1	1.3	7,566
Asian	2,077	0	0.0	—
American Indian	418	0	0.0	—
Other/Unknown	2,002	2	10.0	1,001



Hospital district	1	2	3	4	5	6	Total
HIV-positive tests per 10,000 live births	1.5	1.5	3.3	2.7	3.1	6.3	2.6

Rate of HIV seropositivity in childbearing women by hospital district in Kansas, May 1990-December 1992.



"I'm practicing medicine the way I think it should be practiced, sans the paperwork and administrative overload."

Owen Brodie, MD, joined CompHealth's locum tenens medical staff in 1989, after 21 years in private practice. Since then he's worked in temporary assignments in state facilities, filled in for attending physicians, covered for private practitioners across the country.

A pilot. A historian. A board-certified psychiatrist. Southern to a fault. Owen Brodie knows...

It's a great way to practice medicine

CompHealth
LOCUM TENENS

1-800-453-3030
Salt Lake City ■ Atlanta ■ Grand Rapids, Mich.

INTERNISTS

Caring, Innovation, Quality . . .

These three words explain the high standards of Humana Health Care Plans. As Humana's prominent HMO in Kansas City, we provide an atmosphere that promotes physician involvement in practice and organization management, while providing relief from the less pleasant aspects of fee-for-service practice. Currently we need an Internal Medicine physician for one of our suburban facilities. Explore the opportunity to practice sensitive, sophisticated medicine at Humana Health Care Plans. Send your CV to: **Martha Goodall, Humana Health Care Plans, 10450 Holmes, 2nd Floor, Kansas City, MO 64131, (816) 941-8900.** EOE M/F.

ARE YOU
MOVING?

To ensure uninterrupted delivery of KANSAS MEDICINE, please let us know your new address at least 6 weeks before you move. Send this form to Kansas Medicine, 623 W. 10th Avenue, Topeka, KS 66612.

OLD ADDRESS:

(Please affix mailing label here.)

NEW ADDRESS, as of _____.
(DATE)

Name _____
(IF IT HAS CHANGED)

Address _____

_____

City _____

State _____ ZIP + 4 _____

Telephone (_____) _____
(FOR PUBLICATION IN DIRECTORY)

RETIRING MEMBERS, please fill in the information requested below if you wish to continue receiving KANSAS MEDICINE. You need not include your telephone number.

OLD ADDRESS:

(Please affix mailing label here.)

NEW ADDRESS, as of _____.
(DATE)

Address _____

_____

City _____

State _____ ZIP _____

CLASSIFIED ADVERTISEMENTS

Classified advertisements are $7.50/line for KMS members; $9.50/line for non-members; 5-line minimum. Payment must accompany copy. Deadline is 20th of the month preceding month of publication. Box numbers are available at no charge. All advertisements are accepted subject to approval by the Editorial Board.

SHAWNEE MISSION, KANSAS. Injection Sclerotherapy. I am looking for a physician to work part-time in the Vein Clinic of Kansas City. The Vein Clinic is my private, full-time phlebology practice. We evaluate and treat a full spectrum of venous diseases ranging from spider veins to venous ulcers. I would like to find a physician who could learn the techniques of injection sclerotherapy and treat patients in the office. Since sclerotherapy is not a skill taught in medical school, I will train you in contemporary techniques using American and European methods. This is an unusual opportunity in a unique specialty, especially for someone wishing to work only part-time. Please call me, Lawrence L. Tretbar, M.D., FACS, 913-677-1776; or write the Vein Clinic of Kansas City, 8901 W. 74th St., Suite 300, Shawnee Mission, Kansas 66204.

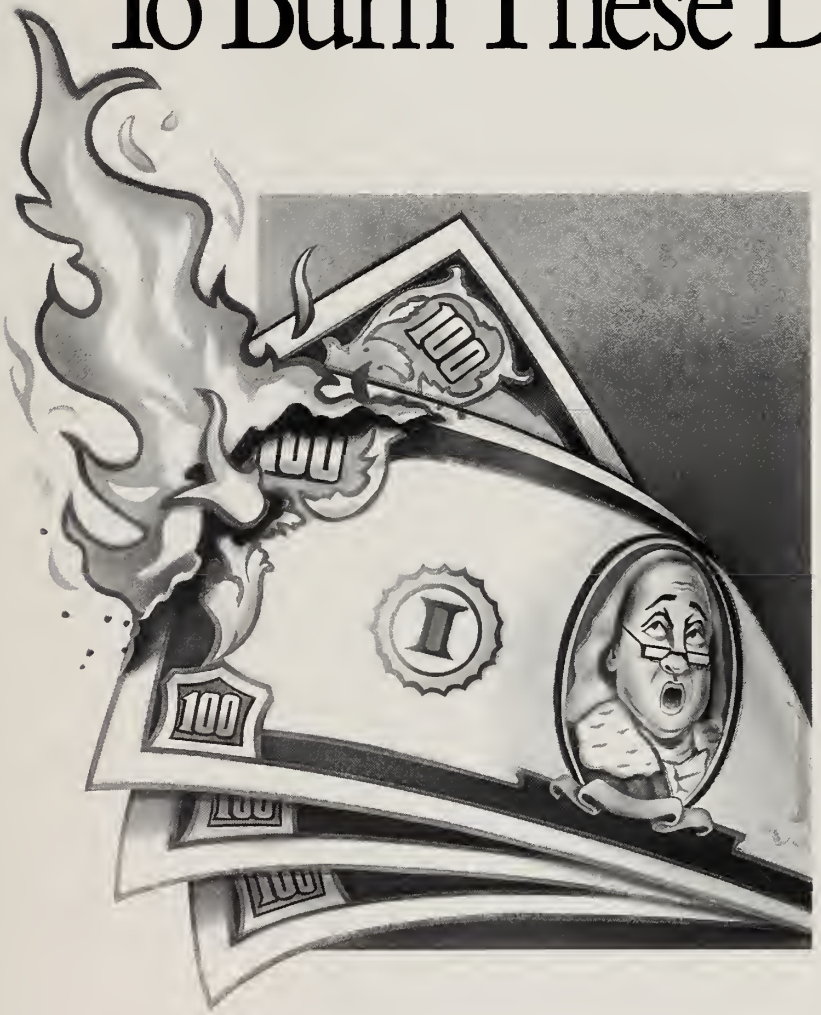
OB/GYN, INTERNAL MEDICINE, FAMILY PRACTICE — Strelchek & Associates, Inc. currently represents Family Practice positions in Pennsylvania, Ohio, Illinois, Minnesota, and Wisconsin; Internal Medicine positions in Wisconsin and New York; OB/GYN position in southeastern Wisconsin. We would be happy to provide you with further information. Please call toll-free, 1-800-243-4353; or send your CV to Strelcheck & Associates, Inc., 10624 N. Port Washington Road, Mequon, WI 53092.

GASTROENTEROLOGY, NEONATOLOGY, Neurosurgery, Occupational Medicine, Oncology, Orthopedics, Orthopedics-Hand — Strelcheck & Associates, Inc., an extension of our clients' recruiting departments, has positions available in Wisconsin, Michigan, Ohio and West Virginia. We would be happy to provide you with further information. Please call 1-800-243-4353, or send your CV to Strelcheck & Associates, Inc., 10624 N. Port Washington Road, Mequon, WI 53092.

FAMILY/GENERAL PRACTICE Physicians. Northwest Kansas community, Atwood, Kansas, offers many opportunities to raise a family in a healthy lifestyle, and stable, yet economically sound environment. Excellent clinic facilities, outstanding benefits and call schedule. Call Jeffrey Bensman at 1-800-638-6942.

POSITION WANTED in Family Practice clinic, urgent care clinic, or occupational medicine. KC area. Part or full time. Family physician has 17 years' experience; board qualified in ER; KS & MO licenses. Contact S.A. Brooks, 2813 W. 51st, Westwood, KS 66205; 913-722-2170.

So Who's Got Money To Burn These Days.



American businesses watched $22 billion dollars in unpaid receivables go up in smoke last year. How much money are you letting vanish into thin air?

Before your unpaid receivables start stacking up, call I.C. System. We're endorsed for debt collection services by more than 1,000 business and professional associations nationwide, including yours. In fact, every month we collect millions for our clients.

Don't get burned by unpaid receivables.
Call I.C. System today.

1-800-325-6884

Endorsed by The Kansas Medical Society

I.C. System
The System Works®

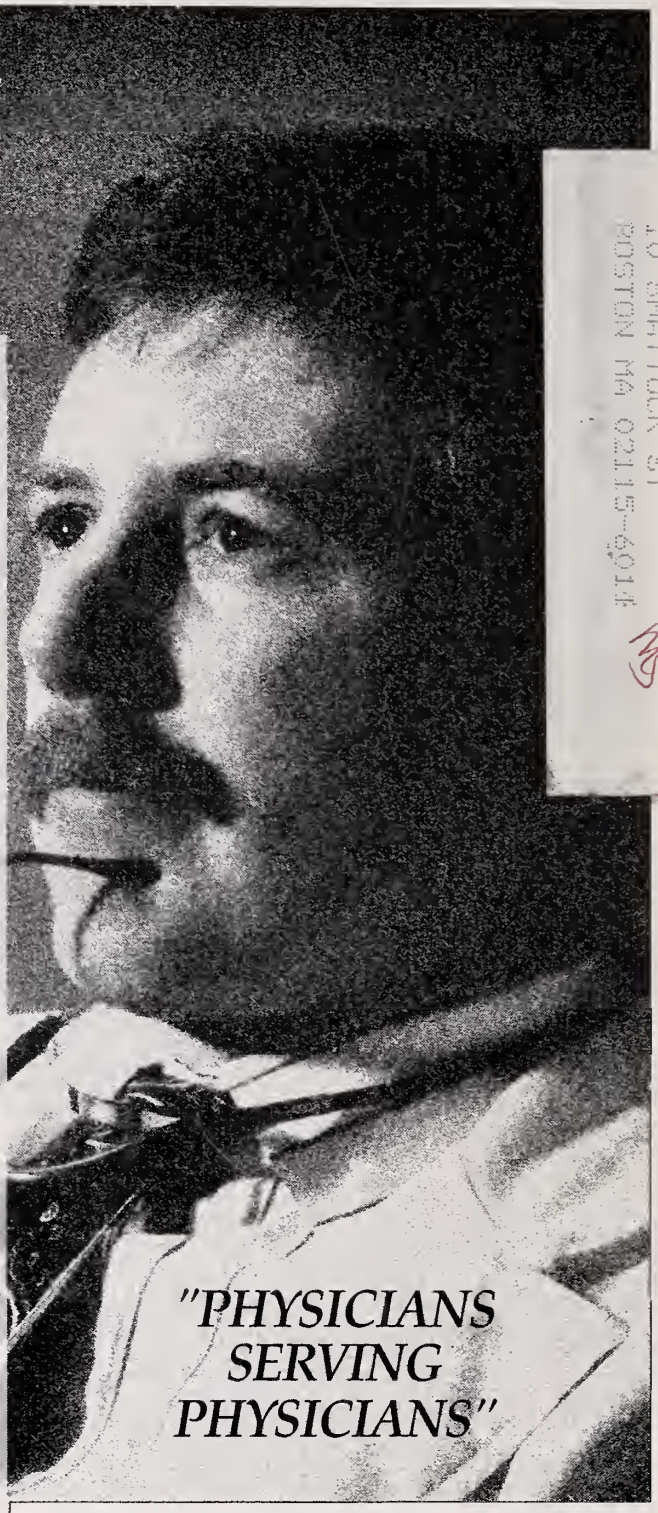
ANNOUNCING SOMETHING UNCOMMON... A COMMON SENSE APPROACH

Who understands the challenges facing today's physician better than other physicians? KaMMCO was formed *for* physicians, *by* physicians, to provide you with competitive rates and innovative services. Physician owned and controlled, we set the standards for superior service, and uncompromising protection.

Among the personal services we provide are:

- Technical advice and information on a variety of health care law issues
- Physician focused management and purchasing services through Medical Services Corporation
- Strong defense of non-meritorious claims and physician support during claims
- Close working relationship with the Kansas Medical Society
- Legislative advocacy
- Loss prevention activities for physicians and staff
- Medical office reviews
- Personalized member service and toll-free access

Physicians serving physicians...it's just common sense.



XE
NEW ENGLAND JRNL OF MEDICINE
10 SHATTUCK ST
BOSTON MA 02115-6014
1-409003

KaMMCO

KANSAS MEDICAL MUTUAL INSURANCE COMPANY

623 SW Tenth • Topeka, Kansas 66612
(913) 232-2224 • 1 (800) 232-2259

KANSAS MEDICINE

JOURNAL OF THE KANSAS MEDICAL SOCIETY

February 1994 Volume 95, Number 2


THE FRANCIS A. COUNTWAY
LIBRARY OF
BOST
MA

- Special Features: CLIA '88/Dr. Thor Jager Jager
- Penile Metastases from Prostate Cancer
- Incidence of Guillain-Barré Syndrome
- TB Outbreak in Finney County
- New This Month: Radiology Vignette
- AMA Delegate's Report

Disability and Business Overhead Expense
Insurance Program Endorsed by the
KANSAS MEDICAL SOCIETY

You've Spent a Lifetime Building Your Practice...

Would contracting ***HIV*** or ***ANY*** disability take it away?

Have you ever thought about how your life would change if you contracted HIV? It would change everything, including your finances.

A new Connecticut Mutual HIV Disability Income Rider will pay you benefits without any waiting period if you contract HIV - no matter how you contract it. You would receive benefits regardless of whether or not you continue working.

Here's what the HIV Disability Rider can do:

- Pay you disability income benefits if you test seropositive for HIV.
- Give you up to $10,000 per month of income for up to two years.
- Allow you to make practical, personal decisions without the fear of financial ruin.
- Pay you even if you are physically able to work - something your standard disability income insurance may not do.

If you would like more information on this valuable coverage, mail us the coupon or call us at our toll-free number.

The **KMS DISABILITY INCOME AND BUSINESS OVERHEAD EXPENSE INSURANCE PROGRAM** is specially designed for the members of the **Kansas Medical Society** by the firm of **Cohen Financial Services.**

Cohen Financial Services has long been known for their expert counseling of physicians. For over 30 years they have provided insurance and financial products to physicians.

THE KMS DISABILITY INCOME AND BUSINESS OVERHEAD EXPENSE INSURANCE PROGRAM features:

- 15% discount on premiums (10% additional non-smoker discount!)
- Non-cancellable and guaranteed continuable disability coverage to age 65 or retirement.
- Guaranteed premiums.
- Individually owned policies.
- Specialty coverage available.
- Coverage for Positive HIV Test - No Disability Required.

I'd like more information on the KANSAS MEDICAL SOCIETY DISABILITY INCOME AND BUSINESS OVERHEAD EXPENSE INSURANCE PROGRAM.

Name

Address

CITY STATE ZIP

( )

Phone

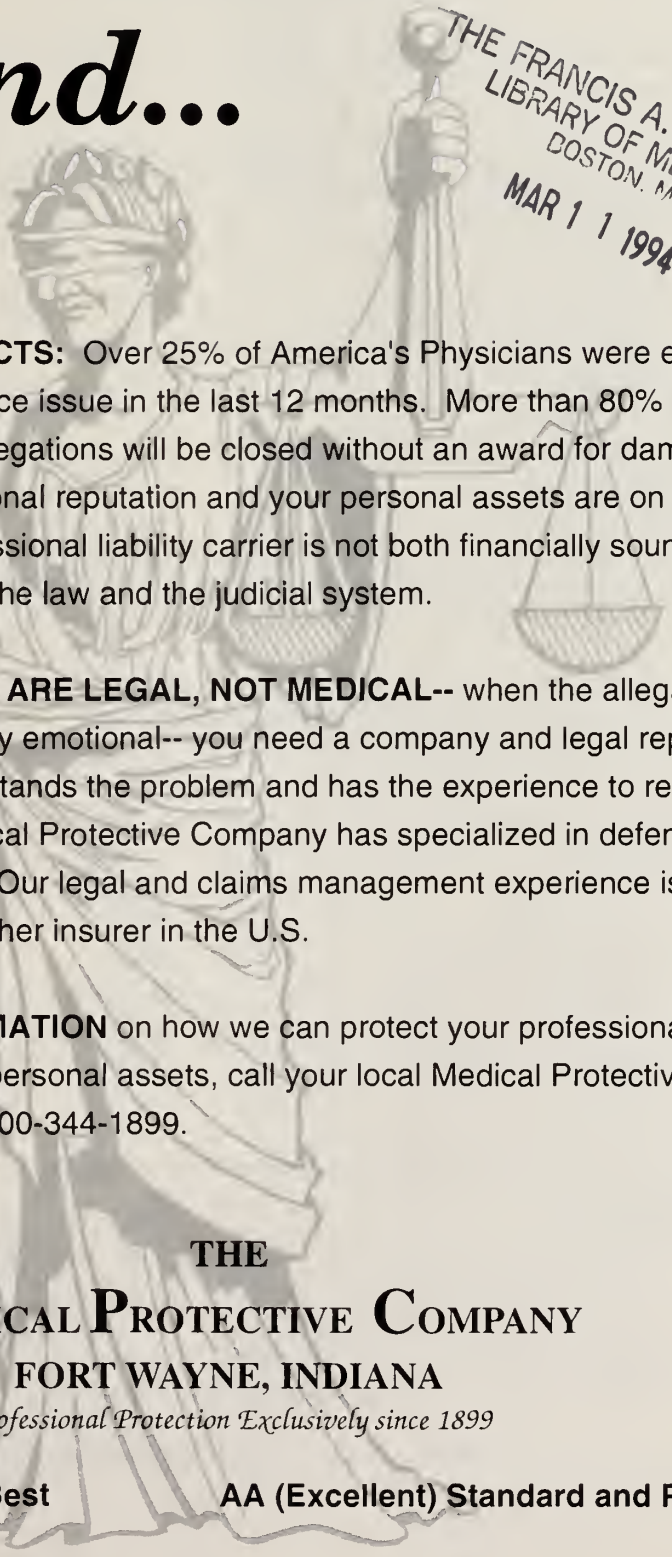
Connecticut Mutual Life Insurance Company (Hartford, CT), its subsidiaries and affiliates.

COHEN
FINANCIAL SERVICES

One Ward Parkway, Suite 106
Kansas City, Missouri 64112
(816) 932-9420 FAX (816) 931-3832
1-800-747-9420

...a promise to defend...

THE FRANCIS A. COUNTWAY
LIBRARY OF MEDICINE
BOSTON, MA
MAR 1 1 1994



HERE ARE THE FACTS: Over 25% of America's Physicians were embroiled in a malpractice issue in the last 12 months. More than 80% of those malpractice allegations will be closed without an award for damages. Your professional reputation and your personal assets are on the line when your professional liability carrier is not both financially sound *and* experienced in the law and the judicial system.

WHEN THE ISSUES ARE LEGAL, NOT MEDICAL-- when the allegations are frivolous, or highly emotional-- you need a company and legal representation that understands the problem and has the experience to resolve the issue. The Medical Protective Company has specialized in defending doctors since 1899. Our legal and claims management experience is unmatched by any other insurer in the U.S.

FOR MORE INFORMATION on how we can protect your professional reputation and your personal assets, call your local Medical Protective General Agent at 1-800-344-1899.

THE

MEDICAL PROTECTIVE COMPANY

FORT WAYNE, INDIANA

Professional Protection Exclusively since 1899

A+ (Superior) A.M.Best **AA (Excellent) Standard and Poor's**

KANSAS MEDICINE

VOLUME 95 · NUMBER 2 · FEBRUARY 1994

CONTENTS

Special Features

34 Dr. Thor Jager Jager: Consultant and Pathologist
This pioneering physician brought luster to the emerging Wichita medical community.
Eugene W. J. Pearce, M.D.

40 A CLIA '88 Road Map
How to prepare for a laboratory inspection.
Sue Riley

Scientific Articles

45 The Incidence of Guillain-Barré Syndrome in a Metropolitan County, 1984-1988
A higher-than-expected number of cases in Sedgwick County.
Kevin C. Hoppock, M.D.; Gregory G. Greer, B.A.; and Anne D. Walling, M.D.

48 Penile Metastases from Prostate Cancer
Case report of an extremely rare condition.
Babu Prasad, M.D.; Lyle Noordhoek, M.D.; and Kevin McDonald, M.D.

Departments

23 Cover Story
24 Editorial Comment
26 President's Message
28 Medicina et Lex
30 Alliance News
49 Radiology Vignette
50 News from KDHE
51 Medicine and Computers
52 Classified Advertisements

Miscellaneous

25 CME Opportunities
27 Information for Authors
32 AMA Delegate's Report
33 Change-of-Address Form
39 Impairment and Advocacy Committee
opp. 52 News from the AMA

EDITORIAL BOARD

Warren E. Meyer, M.D., Acting Editor
M. Martin Halley, M.D.
Harry G. Kroll, M.D.
Donald R. Pierce, M.D.
James H. Ransom, M.D.
William J. Reals, M.D.
Donald L. Vine, M.D.
Anne D. Walling, M.D.

STAFF

Susan Ward
Production Editor

Jeremy Slaughter
Business Manager

KANSAS MEDICINE (ISSN 8755-0059) is published monthly by the Kansas Medical Society, 623 W. 10th Avenue, Topeka KS 66612. KMS membership includes a one-year subscription for which $15 is allocated from each member's dues. Rates to others: $45/yr domestic; $50/yr foreign. Printed by The Ovid Bell Press, Inc., Fulton MO. Second class postage paid at Topeka KS and at additional mailing offices. POSTMASTER: Send address changes to KANSAS MEDICINE, 623 W. 10th Avenue, Topeka KS 66612.

Indexed in *Hospital Literature Index* and *Index Medicus*. Available through University Microfilms. Listed in *CC/Clinical Practice*. Search Resource for Institute for Medical Information, Inc., and Medical Search, Inc.

Copyright 1994 by the Kansas Medical Society. Permission to reproduce materials published herein must be obtained from KANSAS MEDICINE and the author(s). Although effort is made to publish only accurate articles and legitimate advertisements, KANSAS MEDICINE denies legal responsibility for statements, opinions or advertisements appearing under the names of contributors or concerns. Address all correspondence to: KANSAS MEDICINE, 623 W. 10th Avenue, Topeka KS 66612.

ABOUT OUR LOGO

In January 1935, a new logo appeared on the cover of KANSAS MEDICINE for the first time. This device represents two stethoscopes: the original monaural type as used by Läennec, and the modern binaural variety. The logo was designed expressly for KANSAS MEDICINE by renowned graphic designer Bradbury Thompson, a native of Topeka and friend of two former editors of the journal, Dr. W.M. Mills and Dr. Lucien Pyle. As another former editor, Dr. Orville R. Clark, wrote in January 1955, the logo "has become as much a part of the journal as any of the features on the inside and is something which is ours alone."

Our cover painting, by Jim Hamil, depicts the Kansas state animal in a winter setting. Although almost anyone except a zoologist would identify them as buffalo, or buffaloes, or buffalos — all orthographically correct — they are not, strictly speaking, any of the above. "Buffalo" applies to the family of wild oxen that includes the cape buffalo of South Africa, the water buffalo of India, the carabao of the Philippines and the anoa of the Celebes. Our buffalo is more properly termed a bison. He (or she) differs from the true buffalo in his large head and neck, humped shoulders and an extra pair of ribs, of which buffaloes have 13 pairs. This heavy-duty equipment results in a weight of 1,600 to 3,000 pounds for males and an average of 900 pounds for females.

In our early history, the buffalo, er, bison ruled the center of the country from the Appalachian mountains to the Rockies. In 1850 their number was estimated at 2 million. Observers reported that the ground shook as these giants thundered across the plains. Native Americans depended upon them for food, clothing, bone implements and a number of other uses. But with the coming of the white man and the resulting overhunting of the buffalo, their number had dwindled to 551 by 1889.

Only through game laws and other protective measures has the number risen to about 10,000 in recent years. Most of these exist on government or private refuges. There are about 800 in Yellowstone National Park and about the same number in Custer State Park. (Incidentally, the buffalo hunt scenes in the movie *Dancing with Wolves* were filmed at Custer State Park, South Dakota.) Closer to home, about 200 buffalo roam on the 2,200-acre Maxwell Wildlife Refuge near McPherson.

The buffalo/bison is also being raised commercially in Kansas for its meat. A short-lived attempt to cross-breed the buffalo with cattle, producing a "beefalo," has not met with overwhelming success. But ordinary buffalo meat is less fat and more nutritious than beef, according to its proponents, who also claim that most people cannot tell the difference between beef and buffalo. (We presume they mean after cooking, since uncooked buffalo meat is noticeably darker in color than beef.) But don't let them or us buffalo you. Buy some and see for yourself!

The "Hypocritic Oath"



Much discussion and many differences of opinion exist about the ethical problems occurring as medical science and technology advance, raising questions concerning the best way to handle difficult and perplexing problems, especially about life-and-death situations. Often physicians are asked, "Don't you doctors take some sort of oath not to do abortions or kill people?"

The Hippocratic Oath, attributed to Hippocrates (460–370 B.C.), established high principles of conduct which have characterized the art of medicine since that time. In part they state:
"I will follow that system or regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous; I will give no deadly medicine to anyone if asked, nor suggest any such counsel; I will not give to a woman a pessary to produce abortion; Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption, and further, from the seduction of females or males, of freemen and slaves."

The oath ends with a somewhat prophetic promise: "While I continue to keep this oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men, in all times! But should I trespass and violate this oath, may the reverse be my lot!"

One talks about professional ethics and usually the beginning of ethics, regarding power, lies in "nay-saying." The wise setting of limits on the use of power is based on discerning the excess to which unrestrained power is prone. The medical profession has set strict limits, indeed, inviolable taboos, against those "occupational hazards" to which any profession is prone. Within these limits, there are no set rules; instead, prudence and wise judgment in the face of differing circumstances would apply. But the outer limits are fixed, firm and non-negotiable.

Our patients look to us as their advocates because they know little about medicine and its details. They reveal their most intimate secrets, knowing that we will not repeat them. They expose their naked bodies to our objective gaze and investigating hands. They entrust their very lives to our techniques, skills and judgments. Mindful of this non-mutual exposure, we must voluntarily set limits on our own conduct, pledging not to take advantage of or to violate the patient's intimacies, nakedness — or life itself.

It would seem that the physicians of the Hippocratic age held life in high esteem. Of course, to them it was mystical and mysterious. In most cases, they were powerless in the face of the diseases of their day and could offer only solace and comfort. They were big on art and short on science.

Today the reverse is true, but aren't both important? Most surveys show that patients still want their doctor to be attentive to their needs. But often they find they have come to see an impersonal physician and are demanding more involvement in the decision-making process. This involvement is as it should be. Most physicians do not consider themselves God and feel that the patient should make the final decision based on available information.

The division of the medical profession about such important topics as abortion, euthanasia, physician-assisted suicide, withdrawal of life-support systems, etc., has been a disservice to the public. One may choose to be a physician, but cannot choose what "physicianship" means. There must be an ethical code by which we live and practice, or we have forfeited our rights as physicians. Our patients must be able to trust us not to do them any harm. We should never allow ourselves to be placed in the position of having to choose between the patient's health and the corporation's welfare — or even society's welfare. We must always choose the patient's welfare because we are the patient's advocate and thus are honor-bound to use any and all resources to improve the patient's health.

Having said that, we must also realize that the central goal of medicine — health — is a perishable goal. Patients degenerate, become irreversibly sick, die. Healing the sick is, in principle, a project that must at some point fail. We physicians must aid our patients at the end of life as we did at the earlier stages: with respect and dignity. The physician should not be the cause of death, but

should seek to bring to the patient comfort and care, the art of medicine when the science has been exhausted or is no longer beneficial.

You may say, "I never took the Hippocratic Oath." I never did, either. On my first day in medical school, a copy of the oath was given to all the students with the admonition that it represented ethical guidelines that we should adhere to and reread yearly. It is an ancient and "pagan" oath that surely cannot apply to our time of rapidly expanding technology, knowledge and sophistication. Certainly we have gone beyond that level of superstition and ignorance. That may be right, but if so, why are we today engaged in a divisive, ugly, violent debate about the very things the oath speaks to and sets principles for?

Certainly the education of each generation is different from that received by those preceding it. It is common to hear those of older generations complain about the laxity of the younger generation in many areas. One thing that is different is the prohibition on values being taught in the public schools. It is not my place — nor intention — to preach about conforming to the Hippocratic Oath. But if we do not, aren't we conforming to the "Hypocritic Oath" by pretending to be something we are not? W.E.M.

CME OPPORTUNITIES

Western Scientific Assembly, March 17-20, Anaheim, CA; 157 hrs. AMA cat. 1, 156 hrs. AAFP, 130 hrs. ACEP cat. 1. Cal. Med. Assoc., 415-882-3384.

Asthma, March 18, St. Louis. Washington University Sch. of Med., 800-325-9862.

Laparoscopy Ultrasound, March 18-19, St. Louis. Washington University Sch. of Med., 800-325-9862.

Spring Clinical Nephrology Meetings, April 7-10, Chicago. Nat'l. Kidney Foundation, 800-622-9010.

American Occupational Health Conference, April 16-22, Chicago. Am. Coll. of Occup. and Env. Med., 708-228-6850.

Infectious Diseases, April 23, St. Louis. Washington University Sch. of Med., 800-325-9862.

Nat'l. Conf. on Breast Cancer, May 8-13, Palm Springs. Am. Coll. of Radiology.

Rush Symposium on Transplantation: Leflunomide, May 21, Chicago. Rush-Presby.-St. Luke's, 312-942-6242.

Nat'l. Conference on Rural Health, May 25-28, San Francisco. Nat'l. Rural Health Assn. Call for info. on CME credits, 816-756-3140.

Invasive Surgery: Is It Obsolete?, June 8-12, Cleveland. AMA, 91 cat. 1 credits. Int'l. College of Surgeons, 312-787-6274.

...dedicated to managing the costs of operating a medical practice

- allowing physicians to concentrate on the practice of medicine
- offering volume purchasing of forms, paper goods, and office equipment
- developing capacity to offer expert legal advice on contracts, reimbursement, and other legal issues
- providing physicians an advocate in areas of purchasing, compliance, and management
- providing practice monitoring, assessment, and complete office management
- acting as a proven advocate for physicians, endeavoring to create a unified voice in medicine

MSC
MEDICAL SERVICE
CORPORATION

A KaMMCO Company
Sponsored by the Kansas Medical Society

Medical Service Corporation 8600 Shawnee Mission Parkway, Suite 305
Shawnee Mission, Kansas 66202 (913)262-8282 (800)779-8201 FAX (913)262-8458

A Created Crisis



The President and Mrs. Clinton continue to try to convince all of us (even many prominent politicians) that a crisis in health care is consuming our country's resources and sapping its energy, just as Jimmy Carter's energy "crisis" threatened to drain all the hydrocarbons from the earth's crust. Again, predictably, the administration's solution is to propose a massive dose of bureaucracy and to institute price controls to "solve" the problem.

Remember the long lines of cars purchasing price-controlled gasoline back in the '70s? Will we soon have lines of patients at our office and hospital doors waiting for price-controlled medical care?

Reflecting the federal emphasis on bureaucracy, the Kansas Legislature is apparently beginning the process of eliminating all insurance companies throughout the state. HB 2699 would establish the Kansas Health Commission, a five-member board appointed by the Governor. This board would determine all aspects of health care delivery — including practice guidelines — and would introduce a single-payor statewide plan, as proposed by the "403" Commission. A somewhat more moderate plan, which would create a "Kansas Health Alliance," has been proposed by Secretary of Health and Environment Robert Harder in SB 521.

Just as the proposed overly bureaucratic proposals in Topeka most likely will be modified (or rejected), those in Washington also seem to be headed in a more moderate direction. The President has announced that compromise is possible on every aspect save one: insurance for all.

Senator Bob Dole recently hosted a roundtable of Kansans to discuss the health care problem. The KMS was represented, as were the Kansas associations of nurses, chiropractors and osteopaths, and many legislative and business leaders. There was an excellent presentation by legislative leaders on the state's problems and proposed solutions. Sheila Burke, R.N., Senator Dole's chief of staff, presented a cogent, intelligent and realistic comparison of the various (and complicated) federal proposals. While all who attended the roundtable recognize problems with our current *delivery system* (not with medical care), none felt that a crisis atmosphere exists.

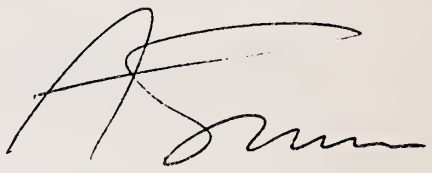
Meanwhile, the KMS continues to move forward with plans for its statewide physician network. The consultants have been meeting with physicians from across the state, and we hope to have a proposal ready for the March Council meeting and then the House of Delegates in April.

The most troubling aspect of the current debate is the divisiveness which occasionally rears its ugly head among groups that should be working in accord. For example, the difference of opinion of the AMA (which is *considering* the employer mandate as one of several options) and the AAFP (which *insists* on the employer mandate) does none of us any good. The appearance of the AAFP, along with several other medical organizations, lining up to divide medicine in an obviously political move by its president embarrasses me, as a family physician, and I think exemplifies the political manipulation to which we can all occasionally fall victim.

Fortunately, consensus does exist on many areas of health care reform. We all agree that the President's examples of lost medical insurance following job loss, small business' inability to obtain bargaining power for lower medical insurance rates, and pre-existing condition exclusions are areas needing insurance reform. Senator Phil Gramm has just introduced the "Consensus Interim Health Act," which covers these reforms and could possibly be enacted within a month.

It is time for us to come together and use the "crisis" created by the President to improve the system in which we all work daily. As we are called a special interest group, and our special interest is quality care for our patients, let us continue to keep this interest at the forefront of our daily activities.

Together we can. We *must.*



Information for Authors

Manuscripts must be typewritten, double-spaced, leaving wide margins. The original plus one copy should be submitted. Manuscripts are received with the explicit understanding that they are not simultaneously under consideration by any other publication. Publication elsewhere may be subsequently authorized at the discretion of the editor.

Brief, concise **articles** are preferred; an ideal manuscript will not exceed five double-spaced pages. All material will be edited by the editorial staff to assure clarity, good grammar and appropriate language, and to conform to KANSAS MEDICINE style and format. When feasible, material may be condensed.

The author will be asked to review the **galley proof** prior to publication. Although editing and proofreading will be done with care, the author is responsible for accuracy of material published. The galley proof is for correction of ERRORS; rewriting of material *must* be done prior to submission. Authors are urged to check manuscripts and galley proof carefully for errors that could result in inaccurate information.

Drugs should be referred to by generic names; trade names may follow in parentheses if useful. All **units of measure** must be given in the metric system.

KANSAS MEDICINE will print a maximum of **ten references.** All references should be keyed with superscripts in the text in the order cited. If more than ten sources are cited, readers will be referred to the author for the complete list.

Illustrative material must be identified by its referral number in the text and be accompanied by a short legend. **Photos** should be black-and-white glossy prints. **Tables** should be self-explanatory and should supplement, not duplicate, the text.

KANSAS MEDICINE will assume the cost of black-and-white figures and tables for two units. A unit is defined as ¼ page. The author(s) will be billed for additional units at cost.

A **reprint** order form with a table showing estimated cost will be sent with the galley proof. Reprints must be ordered by the author through KANSAS MEDICINE, and will be billed to the author following shipment.

You'll love working with our locum tenens physicians and allied health care professionals.

WE GUARANTEE IT.

CompHealth has thoroughly credentialed physicians and allied health care providers from more than 40 fields of specialization available to provide locum tenens, or temporary, staffing assistance when and where you need it.

Plus, we have the standards and experience to guarantee your satisfaction each time we place a member of our medical staff in your practice or facility. It's the closest thing you'll find to a risk-free way to cover for absent staff members, "try out" a potential new recruit, or take care of your patients while you search for a new full-time associate.

Call us today to arrange for quality locum tenens coverage, or to discuss your permanent recruiting needs.

CompHealth

COMPREHENSIVE HEALTH CARE STAFFING

1-800-453-3030

Salt Lake City ■ Atlanta ■ Grand Rapids, Mich.

NATIONAL RURAL HEALTH ASSOCIATION

Building Bridges – Leading the Way

17th Annual National Conference
on Rural Health
May 25–28, 1994
San Francisco, California

For information call:
816-756-3140

Recent Developments in the Law of Punitive Damages

WAYNE T. STRATTON, J.D., * *Topeka*



Few aspects of the law are as frightening as the potential liability of a company or an individual for punitive damages. This type of claim has existed for many years and was first recognized in Kansas in 1864. The twofold purpose of punitive damages has been described as punishment of the wrongdoer for particularly egregious conduct, and a deterrent from future misconduct.

Until 1987 there were virtually no limitations or guidelines in Kansas for the imposition of punitive damages. Because of the apparently arbitrary way in which awards have fallen, the United States Supreme Court has been asked on several occasions to find them unconstitutional. In these cases, the court has reviewed verdicts of enormous punitive damage awards, far out of proportion to the amount of compensatory damages. The latest of these involved an award of $19,000 in compensatory damages and $10,000,000 in punitive damages. To date, this court has refused to modify the law.

In 1987 and 1988, the Kansas Legislature acted to structure and limit the way in which punitive damages could be awarded. The Kansas Medical Society and other organizations urged a modification, principally because of the arbitrary nature of these claims and the fact that insurance policies typically exclude such damages, as does the Health Care Stabilization Fund. No matter how prudently the physician acts to insure against possible liability, he or she could face financial ruin should a jury make a punitive damage award.

The current legislation attempts to correct some deficiencies in the law.

The current legislation attempts to correct some deficiencies in the law:

- Punitive damages cannot be claimed at the time of filing a lawsuit, but may be added only if the plaintiff can show by affidavits that there is a probability the plaintiff can prevail at trial.
- While the jury makes the determination of whether punitive damages should be awarded, the court determines the amount.
- At this court hearing, the parties may introduce evidence about the culpability of the defendant, duration of the misconduct, attitude and conduct of the defendant upon discovery of the misconduct, financial condition of the defendant, and similar matters.
- To find punitive damages, the jury must find by clear and convincing evidence that the defendant acted toward the plaintiff with willful conduct, wanton conduct, fraud or malice. In the ordinary medical malpractice context, the claim is based upon wanton conduct, which is defined as "an act performed with a realization of the imminence of danger and a reckless disregard or complete indifference to the probable consequences of the act."
- Damages are limited, based upon several formulas.
- An employer is responsible for punitive damages only when the questioned conduct was authorized or ratified by a person expressly authorized to do so on behalf of the principal or employer.

On December 30, 1993, the Kansas Supreme Court announced a significant decision which will have a pronounced effect upon this area of the law. In a lengthy opinion, the court took the

*KMS Legal Counsel.

Comments appearing herein are not intended as a substitute for legal analysis or advice. Answers to legal questions depend largely upon the particular facts of a case. The reader is urged to consult an attorney for answers to specific legal questions.

These comments do not necessarily represent the views of KANSAS MEDICINE, or the Kansas Medical Society. For further information, contact Mr. Stratton, 515 S. Kansas, Topeka, KS 66603.

opportunity to define and interpret a number of issues. The court easily dealt with a claim that the statute was unconstitutional, saying that the Legislature could modify punitive damages in any way it saw fit, or even totally ban them.

The court reaffirmed the longstanding rule that punitive damages could not be awarded on a wrongful death case. The rationale for this is that this type of claim is a creature of statute, and punitive damages are not one of the claims the Legislature has mandated.

A very important issue, and one in which there was sharp disagreement on the court, is the circumstances under which an employer may be responsible for punitive damages for the acts of an employee. In a liberal definition of the statutory language, the court held that authorization may be either express or implied and generally is accomplished before or during the employee's questioned conduct. The court indicated it may be based on an express grant of authority or on a course of conduct indicating that the employee was empowered or given the right or authority to engage in the questioned conduct. The court further held that ratification may be either express or implied and may be accomplished before, during or after the employee's questioned conduct.

Justice Six, joined by Chief Justice Holmes and Justice McFarland, dissented from the foregoing portion of the opinion. It was their belief that the plaintiff must show the conduct may be the basis for punitive damages if the defendant knew or should have known of the improper actions of the employee.

While the Supreme Court opinion appropriately upheld the legislative action in many respects, physicians need to be aware that there may be an increased likelihood of punitive damages in situations in which the physician's employee has a prior record of questionable conduct. The next few years will determine whether there is an increase in such cases.



CREATE A MEDICAL BREAKTHROUGH.

Become an Air Force physician and find the career breakthrough you've been looking for.

- No office overhead
- Dedicated, professional staff
- Quality lifestyle and benefits
- 30 days vacation with pay per year

Today's Air Force provides medical breakthroughs. Find out how to qualify as a physician or physician specialist. Call

USAF HEALTH PROFESSIONS
TOLL FREE
1-800-423-USAF

AIR FORCE

The Future of Quality Medicine Is Our Responsibility



Dear Physicians of Kansas, Think, for a few minutes, back to your medical school days. Those were times of hope, enthusiasm, youth and idealism. Sometimes they were also times of frustration, exhaustion, poverty and cynicism. As I recall those training years, when my husband was first a medical student and then a resident, I really think they were wonderful times! We felt fortunate that quality medical education was available, and we appreciated every support system we had.

I believe now, more than ever before, that the future of quality medicine is partially the responsibility of the present medical community. We must help all we can to assure that our medical schools in Kansas are solid.

Carolyn Harrison is a KMSA Vice President and Chairman of AMA-ERF. Carolyn is married to Dr. Paul Harrison, who practices general surgery in Wichita. She has written to tell you more about how you can help our medical schools. Thank you, in advance, for your support!

Cathy Wilcox

There are approximately 66,000 students in medical schools today. Even with good financial planning, these students often face unanticipated expenses. In 1993, when medical students graduated, their average debt was $40,607, and 8% of the graduates owed over $70,000. These statistics are grim, but real, and the need for financial help continues to increase.

The American Medical Association Education and Research Foundation helps in many ways to assist students and medical schools with the higher cost of medical education. You can assist in meeting these needs by making contributions to AMA-ERF. When you give, you designate which medical school is to receive the funds. Your *entire* contribution goes to the medical school you designate. This could be your alma mater, a school you admire for its excellence in a certain specialty, or a medical school in your community. You may designate the funds to go to the *Medical School Excellence Fund*, which provides grants that are used at the school's discretion; or the *Medical Student Assistance Fund*, which must be used in direct financial aid to students.

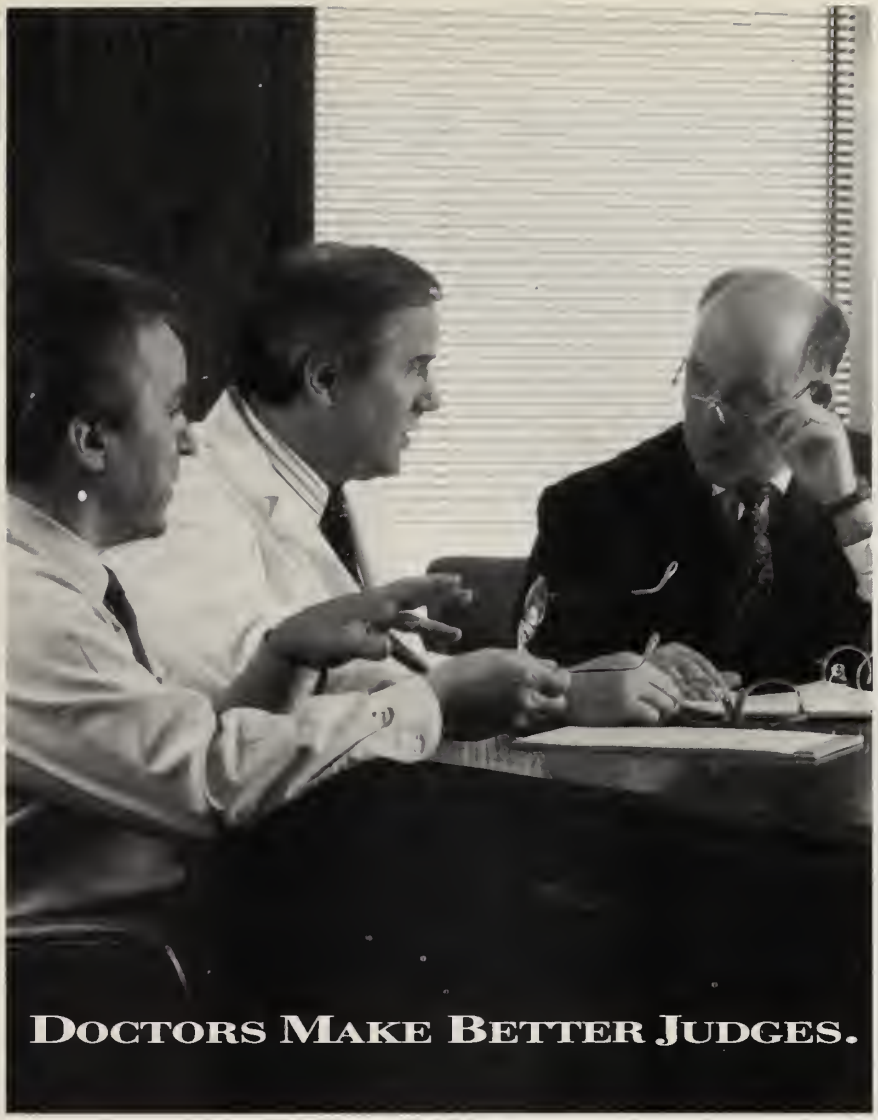
The Assistance Fund has provided for circumstances in which there are no other funds available. These situations may be:

- Travel and lodging expenses for elected officers from medical school classes to be involved in national and regional medical meetings.
- Opportunities for students to share their experiences as mentors to high school and college young people who are considering a medical career.
- Support for student activities through funding of social gatherings to share relaxing times with peers.
- Up-to-date equipment and reference materials.
- Funding for student research projects.

The AMA Alliance has chosen the theme "One Choice — One Hour" for the American Medical Association Education and Research Foundation fundraising efforts for this year. "One Choice — One Hour" means that by contributing $21.03 to AMA-ERF, each member of the Alliance buys one hour of medical education for one medical student. The KMS Alliance collected $13,627.36 for AMA-ERF from June 1 to December 31, 1993. That's a total of 648 hours of medical education. Contributions collected the entire year by the KMS Alliance will be given to the deans of the University of Kansas Schools of Medicine at the annual KMS and KMS Alliance meeting in Manhattan on April 29, 1994. Please plan to attend the fun Friday evening activities, which include dinner, entertainment and the AMA-ERF auction.

As physicians' spouses, we understand the importance of medical education and the high costs involved. Student loans and unrestricted gifts are priceless contributions to the welfare of any medical school today. Donations to AMA-ERF are more than just a charitable contribution; they are a legacy from one generation of medical professionals to another. Thank you for your support of AMA-ERF.

Carolyn Harrison



At The P·I·E Mutual, doctors rule. They sit on managing boards that consider new applicants. They form committees that review the merits of claims. Who knows better? And who cares more about controlling costs than people who themselves are paying premiums? Which helps explain why we can offer such attractive discounts to loss-free members. And how we've attracted 15,000 doctors, and become one of the largest medical professional liability monoline insurance companies in America.
Call 1-800-228-2335 for information.

THE P·I·E MUTUAL
INSURANCE COMPANY

The P·I·E Mutual Insurance Company
North Point Tower
1001 Lakeside Avenue
Cleveland, Ohio 44114
800-228-2335

The P·I·E Mutual Insurance Company
4600 Madison Avenue, Suite 1224
Kansas City, Missouri 64112
816-561-5523
800-PIE-KCMO

Insurance Management Corporation
IMC Plaza, 4333 Madison
Kansas City, Missouri 64111
816-756-1410
800-229-7500

Delegate's Report: AMA Interim Meeting

The AMA House of Delegates met in New Orleans, December 5-8, 1993. The House considered 193 resolutions and 101 board and council reports on a wide variety of national issues — all of critical importance to the future practice of medicine and the future health and well-being of the American people. The 435 delegates in attendance comprised 343 who represented state medical associations; 82 from national medical societies; and 10 who represented medical students, resident physicians, hospital medical staffs, medical schools, young physicians, Army, Navy, United States Public Health Service, and the Veterans Administration.

The issues were so pressing that the delegates' time was consumed with deliberations from early morning caucuses until evening. One reference committee, devoted almost exclusively to health system reform, conducted nine hours of open hearings, receiving testimony from hundreds of physicians.

The House adopted a large body of policy decisions to guide the AMA as its leadership addresses President Clinton's and others' proposals for health system reform.

To provide a policy base for organized medicine's legislative goals, the House adopted the following positions:

1. The AMA reaffirmed its support for universal coverage and access to health care services.

2. The AMA actively supported the principles of the individual's right to select his or her health plan and ways in which the concept of individually required and individually owned health insurance can be appropriately integrated, in a complementary position, into the Association's position on achieving universal coverage and access to health care services.

3. The AMA accepted individual health insurance as an alternative to employer-financed health care and determined that such individual insurance should be given the same tax treatment as employer-sponsored insurance.

4. The AMA declared its sensitivity to the needs of small business, the self-employed and rural citizens as it develops more specific proposals in AMA's Health Access America Plan.

5. The AMA, which endorses and promotes the health IRA as one of the best means for assuring patients' freedom of choice in health insurance, endorsed legislation to create health care savings accounts.

6. The AMA will continue to identify any further means through which universal coverage and access can be achieved.

In related actions, the House of Delegates adopted substitute resolutions calling on the AMA not to limit itself to mandated employer health care benefits under health system reform, but to support the position that health benefits must be purchased either by individuals themselves or, if agreed to, by employers; to work diligently to ensure that any legislation implementing health system reform encompasses and limits health care for federal, state and local employees and retirees to the same degree as the general population, excluding active duty members of the uniformed services; and to declare "not acceptable" any plan which excludes federal, state and local elected officials and federal, state and local employees and retirees.

The House of Delegates voted to support health system reforms that:

- provide universal access free from rationing;
- include reasonable basic benefits, patient education, and significant patient responsibility for their own health care choices and behavior;
- are not biased toward managed care and include a true fee-for-service option, including balance billing;
- allow physicians and patients choice of plans and physicians;
- alleviate regulatory hassles and preserve high-quality care;
- provide meaningful antitrust relief, including the ability for state and county medical associations to form partnerships of physicians for the purpose of being "accountable health plans";
- provide true tort reform;
- provide significant insurance market reforms;
- recognize the physician's unconditional responsibility and authority in medical decision making and treatment in conjunction with the patient.

Resolutions were considered calling for AMA opposition to a national health board. The House adopted policies that reaffirm AMA policy of opposition to a national health board of the sort

currently proposed by the Administration and support the creation of a national health advisory body or task force that will form a public/private partnership including the AMA to recommend health policy.

On the subject of any willing provider provisions, the House affirmed a physician's right to apply to any health plan or network and have the application approved if it meets objective criteria that are physician-developed and based on professional competence and quality of care. It is the AMA's goal to see that physicians are not excluded inappropriately by managed care organizations.

The House modified policy to affirm that effective medical liability reform based on the California Medical Injury Compensation Reform Act (MICRA) model is integral to health system reform.

Many other issues were considered, including the serious problem of physicians and health care personnel as targets of threats, harassment and violence; physician assisted suicide; violence and firearms; drug marketing incentives; long-term care, safeguards for physicians in health care plans, and others.

If you desire additional information on any of the above subjects, please contact one of the delegation members.

The next meeting of the AMA House of Delegates will be June 12-16, in Chicago. If you cannot attend, please inform your delegate(s) of your views and concerns so they may be properly represented. We will be happy to respond to any questions.

Kermit G. Wedel, M.D., Chairman

ARE YOU MOVING?

To ensure uninterrupted delivery of KANSAS MEDICINE, please let us know your new address at least 6 weeks before you move. Send this form to Kansas Medicine, 623 W. 10th Avenue, Topeka, KS 66612.

OLD ADDRESS:

(Please affix mailing label here.)

NEW ADDRESS, as of _____.
(DATE)

Name _____
(IF IT HAS CHANGED)

Address _____

_____

City _____

State _____ ZIP + 4 _____ - _____

Telephone (_____) _____
(FOR PUBLICATION IN DIRECTORY)

RETIRING MEMBERS, please fill in the information requested below if you wish to continue receiving KANSAS MEDICINE. You need not include your telephone number.

OLD ADDRESS:

(Please affix mailing label here.)

NEW ADDRESS, as of _____.
(DATE)

Address _____

_____

City _____

State _____ ZIP _____

SPECIAL FEATURE

Dr. Thor Jager Jager: Consultant and Pathologist

EUGENE W. J. PEARCE, M.D.,* *Kansas City*

In 1907, just 30 years after the last cattle drive from Texas to Wichita, Dr. Thor Jager first came to Kansas as an intern at St. Francis Hospital in Wichita. He was recruited by Dr. Andrew Hinsdale Fabrique, who was present not only at the first cattle drive from Texas in 1872, but also at the incorporation of the town of Wichita in 1870. Dr. Fabrique (1842–1928) had the irregular and informal medical education of his times, when you were a physician because you hung out a shingle on which your name was preceded by "Doctor." Fabrique, dissatisfied with his spotty background and interested in keeping abreast of the new scientific medicine, made periodic trips back east to improve his medical knowledge and skills. He developed a particularly strong relationship with the faculty of Northwestern University in Chicago, and he persuaded some of its graduates to intern at St. Francis Hospital, an institution which he nurtured in its early days. Those interns brought to St. Francis by Dr. Fabrique in the early 20th century became known as "Fab's boys," and laid the foundation for scientific medicine in the city of Wichita and the surrounding territory.

Thor Jager Jager, one of "Fab's boys" from Northwestern, was born September 25, 1882 in Stockholm, Sweden, the son of Johan Fredrik Petersson, aged 29 years, and Eva Malvina Eriksson, aged 25 years. The father was listed on the birth certificate as an iron worker, but probably was more of what we would call an engineer. Young Thor was accompanied by a twin sister, Elna Torborg. The child Thor attended public and private schools in Stockholm, taking a degree in botany in 1901 from St. Jacob's College. Young Thor changed his last name while at St. Jacob's, a not unusual occurrence in Sweden at the time. He started at St. Jacob's as Thor Jager Petersson, and was Thor Jager Jager when he finished. His transcript from Northwestern lists his occupation as "masseur," with training at the Gymnastic and Orthopedic Institute of Stockholm, dates not given.

He came to the United States in 1902, and lived with a family in New Jersey as a tutor while taking some courses at Columbia University. He entered the Medical School at Northwestern University in the fall of 1903, was elected to the Alpha Omega Alpha honorary fraternity as a junior in 1906 and served as a demonstrator in pathology his senior year, 1906–07.

Northwestern was one of the better medical schools in 1907, requiring two years of basic science instruction, followed by two years of clinical work, supplemented by experience in the hospital and dispensary. In contrast, the proprietary schools then in existence frequently required only three years at most of primarily lecture instruction with no clinical work. Alpha Omega Alpha, founded in 1902, elected graduates for "good scholarship, . . . honesty and decency, with higher professional ideals." Thus, his election to AOA in 1906, followed by graduation, cum laude, from Northwestern on June 20, 1907, placed young Dr. Jager in the front rank of all new physicians of his time. His arrival in Wichita that year represented the best of scientific medicine for a city whose citizens still included men who had hunted buffalo and traded with the Wichita and the Osage tribes on that site a mere 40 years earlier.

Before coming to Wichita, Dr. Jager passed a written examination for medical licensure in Illinois on June 19–20, 1907. In the spring of 1908, he was licensed in Kansas and Minnesota by reciprocity.

Following his internship, Dr. Jager returned to Chicago and served a year (1908–09) on the faculty at Northwestern as an instructor in pathology. Advanced training for Dr. Jager included a year at the University in Tübingen followed by a year at a university in Berlin, three months of which were spent in Freiburg. He published in

*Dept. of the History and Philosophy of Medicine, KUMC-KC.

Address correspondence to Dr. Pearce at 3901 Rainbow Boulevard, Kansas City, Kansas 66160-7311.

the *Deutchsen Archiv für Klinische Medizin* in August 1910 an article titled "Über die Bedeutung des Keith-Flack'schen Knotens für den Herzrhythmus." In the paper, Dr. Jager described an experiment on small animals investigating the role of the Keith-Flack (sinoatrial) node in controlling heart rhythm.

Career in Wichita

In early 1911, Dr. Jager returned to Wichita to stay because he was offered a job: running the recently established laboratory at St. Francis Hospital. In addition, he opened up an office in Suite 611, The Beacon Building, 121 South Main. The newly completed Beacon Building (1910), described as Wichita's first skyscraper — being all of ten stories high, was obviously the place to be in Wichita at that time. It also housed the offices of Dr. Charles E. Bowers, with whom Dr. Jager was associated, and Drs. Andrew Fabrique, René Gouldner, and C.E. Milbank.

The combination of pathology and practice was not unusual at the turn of the century. Other Kansas worthies, Ralph Major and Arthur Hertzler, combined careers in both. Dr. Jager practiced internal medicine from 1911 to 1964. He was laboratory director also at St. Francis until 1936, when he became laboratory director at Wesley Hospital, where he transferred his clinical practice. He relinquished the laboratory at Wesley in 1949 to a board-certified pathologist.

Dr. Jager developed a local Wichita practice, of course, but also became a consultant, not only for Wichita, but for most of Kansas, parts of Oklahoma and Colorado, and down into Texas. In those days, the consultant sometimes went to the patient, and for Dr. Jager that usually meant a car and driver, occasionally accompanied by his young son Eric. At other times, going to the patient meant a trip with Walter Beech in an open-cockpit biplane. And on occasion, Dr. Jager served as a referring physician to consultants elsewhere, some famous, when the patient required services not locally available.

Dr. Jager's first stop in the morning was the laboratory, where he read the pathology slides and interpreted the EKGs. Next he made hospital rounds — seven days a week — followed usually by a stop in the emergency room to see those he could not fit into his full afternoon schedule. At midday, he went to the office for a quiet period before his afternoon office practice. In the evenings, he read science, history and literature, but his main interests were medicine and the history of medicine. He read current medical journals the way most folks read a newspaper, and he showed a remarkable familiarity with the old and famous medical books he collected over time. To do so, he was fluent in Swedish, English and German, and he was known to practice his French on Dr. Gouldner, a native of France. He also knew Latin, as indicated on his medical school transcript.



Photo accompanying Dr. Thor Jager Jager's application for a Minnesota medical license, 1908. (Minnesota State Archives, Minnesota Historical Society)

August was vacation month for Dr. Jager, who enjoyed water sports, especially fishing, in Minnesota and Canada in the early years. A little later, he and the second Mrs. Jager traveled widely in Europe, visiting some of the places where he lived and studied when young. They also spent time in the United States in Minnesota, Colorado and New Mexico. For Dr. Jager, postgraduate work while in practice meant a return to Germany. He spent three and a half months in Frankfurt in 1927 and four months in Munich in 1930.

Dr. Jager was granted certificate number 737 on July 1, 1937, by the newly created American Board of Internal Medicine, and was elected to fellowship in the American College of Physicians



Drs. Jager (left) and Gouldner at Camp Idlewild, Minnesota, 1929.

on November 16, 1952. He also held memberships in the Central Neuropsychiatric Association, the American Heart Association, the American Association for the History of Medicine, the Endocrine Society, and the American Gastroenterological Association.

His contemporaries knew Dr. Jager as a master diagnostician who was persistent and patient in eliciting signs and symptoms. Patients were questioned about relevant but obscure, or even forgotten, matters in various ways over time, frequently drawing forth the desired information. As an example of his skill and diligence in physical examination, he was observed examining a patient in a tub of warm water to induce relaxation so that he could verify enlarged lymph nodes in the abdomen.

His demeanor to all was courteous, even courtly, and according to Dr. Ernest Crow, "You could never go through a door after him." He spoke with a soft voice and a slight accent.

His teaching style reflected these attributes, as he was, first and foremost, a bedside clinical teacher, demonstrating clinical findings to students and house officers. The same patience, persistence and courtesy in dealing with patients and associates was extended to his students, whom he corrected gently and never with ridicule or humiliation. The other major opportunity for clinical teaching was the hospital staff conference. As there was almost always some pathology to demonstrate, the conference provided a natural forum for Dr. Jager's teaching. He was least at home in the lecture format, but was appointed lecturer in the History of Medicine at the University of Kansas in 1940.

Personal Interests

Dr. Jager married Margaret Blair Case of Wichita in 1911. They had three children, Blair Valdemar (1923–1989), a physician; Margaret Elizabeth Blair (Mrs. Robert Saltzstein) (1915–), a journalist; and Eric Howard (1918–), a petroleum geologist. Mrs. Margaret Jager died suddenly on June 4, 1958. On June 11, 1959, Dr. Jager married Gwendolyn Lou Mason, a graduate of Wesley Hospital School of Nursing. Mrs. Gwen Jager is active in support of Wesley Hospital, where the cardiovascular lab is named for Dr. Jager.

Toward the end of his life, Dr. Jager began to look for a home for his treasured collection of rare, old and important medical books. On April 24, 1970, he signed a contract with the University of Kansas to accept the bequest of his collection. There were two main stipulations: that the collection was to be kept intact, and that it should be housed in a separate room. On February 24, 1974, in the presence of Dr. and Mrs. Jager, the Jager Room of the Clendening History of Medicine Library in Kansas City, Kansas, was dedicated. After Dr. Jager's death on November 18, 1975, a new Jager Room was dedicated on May 11, 1987, with generous support from Mrs. Gwen Jager and the Kansas University Medical Alumni Association.

The Jager Room

The works now housed in the Jager Room comprise a rare and wondrous treasure, characterizing not only the history of medicine, but Dr. Jager's special interests in that subject. There are 830 books, nine bound journals, and 40 miscellaneous items. There are 13 books from the 16th century, 39 from the 17th, 122 from the 18th, 344 from the 19th, and 312 from the 20th. A

complete listing of easily recognizable famous names would be tedious, but many of them form the vocabulary through which we communicate everyday medical information, from Addison's disease, through Heberden's nodes, Laennec's cirrhosis, Meckel's diverticulum, Papanicolaou's smear, Sydenham's chorea, and the circle of Willis. Reflecting Dr. Jager's interest in pathology, there are eight books by Ludwig Aschoff, six by Karl Rokitansky, and 41 by Rudolf Virchow.

Indeed, the Virchow collection is the cornerstone of the Jager Room, and judged to be unique by Erwin Ackerknecht, author of *Rudolf Virchow: Doctor, Statesman, Anthropologist*, when in 1950 he visited Dr. and Mrs. Jager in Wichita while gathering material for his book. By Dr. Jager's own estimate, in addition to the 41 books written by Rudolf Virchow, the Jager Room has 11 manuscripts, 116 pamphlets, numerous letters to and from Virchow, and the complete Virchow Archive, volumes 1 through 300. Reflecting Dr. Jager's broad interests are 24 books on sciences other than medical, seven on geography and anthropology, and three books by Linnaeus, the great 18th-century Swedish physician-botanist, natural acquisitions for a fellow Swedish physician who shared an interest in botany.

Along with the books in the Jager Collection came six cartons packed with Dr. Jager's papers from his office. Their arrangement, preservation and enumeration was one of my assignments when I became an archival intern in February 1989 under Nancy Hulston, the KU Medical Center archivist. Following my archival work on the Jager papers, I became interested in Dr. Jager's life, and turned into a historian. The Jager Papers fill 29 standard archive boxes, almost twelve cubic feet, and are divided into series according to their use in Dr. Jager's office. The bulk of the collection, 20 boxes, eight cubic feet, consists of carbon copies of letters to referring physicians. Five boxes are filled with letters from physicians Dr. Jager consulted, two about the history of medicine and rare books, and one box each with publications and miscellaneous materials.

The letters to referring physicians are usually short, one page, frequently one paragraph, and simple and direct. They comprise the years from 1918 to 1964, and tend in direction more toward the south and west than to the north and east. They are fascinating reading, and an analysis of the qualifications and locations of the physicians to which they were sent, along with the diagnoses and recommendations would surely give us a picture of middle-American consulting practice of the day.



Dr. and Mrs. Jager at the dedication of the Clendening Library's Jager Room, February 24, 1974.

Famous signatures in Dr. Jager's papers include surgeons Adson, Balfour, Blair, Crile, De Bakey, Graham and Jackson; and physicians Allen, Alvarez, Crothers, Plummer, Vinson and Wintrobe. One box of letters received (1918-1947) is from Dr. Ernest Sachs of St. Louis, the third neurosurgeon in the United States.

As a published scientific author, Dr. Jager kept in his papers not only his reprints, but the work papers leading up to those publications, plus others in various states of preparation for oral or written presentation. The earliest work papers consist of a handwritten fragment on a case of sarcoma of the gallbladder for which there was no corresponding publication.

A handwritten essay on tuberculosis, with indication that it was presented orally, and a typed paper, undated, on polycythemia are not paired with publications. Typed abstracts of medical literature on colloid degeneration of the skin and a typed manuscript of the article entitled "So Called Colloid Degeneration of the Skin," are grouped with four copies of a published article of the same name in *Archives of Dermatology and Syphilology* for November 1925.

The most interesting sequence is Dr. Jager's hand-made and typed charts and manuscripts that became an article entitled "Infectious Mononucleosis; or Acute Benign Lymphadenosis," published in the *Journal of the Missouri Medical Association,* January 1927, five copies of which exist in his papers. Dr. Jager's rough pencil charts can be followed through typescript to typeset in the

published article. Such was scientific authorship in the 1920s.

There are two other articles that Dr. Jager wrote for which there are no work papers. The first was the previously mentioned "Über die Bedeutung des Keith-Flack'schen Knotens für den Herzrhythmus," published in August 1910, of which 12 copies exist in the papers and one in the library, and an article entitled "Cardiac Arrhythmia," published in July 1911 in the *Journal of the Kansas Medical Society* (precursor of KANSAS MEDICINE). This paper, too, is catalogued in his library and bears a subscript: 'Read before the Kansas Medical Society, May 5, 1911.'

The papers contained typed and handwritten essays or fragments written by Dr. Jager concerning the history of pathology, Rudolf Virchow, and Richard Lower, who first transfused blood between animals in the 17th century. Correspondence with the business manager of the *Journal of the Kansas Medical Society* in October 1942 indicated Dr. Jager's refusal of a request for publication of his "lecture notes" on "The History of Pathology," which he had presented at the University of Kansas, and at a meeting of the Sedgwick County Medical Society.

Correspondence on scheduling and titles of lectures on the history of medicine between Dr. Jager and Drs. Clendening, Major, Dimond and Menninger (both W.C. and Karl), dates from the late 1940s to the mid 1950s.

Two of his correspondents on the subject of rare medical books visited the Jagers in Wichita. Erwin Ackerknecht spent a week with them in 1950 using and admiring Dr. Jager's Virchow collection in preparation for his book. Earlier, Herbert M. Evans, of the Institute of Experimental Biology at the University of California at Berkeley spent a week with the Jagers in the fall of 1936. Evans followed with a handwritten thank-you note on Institute stationery verifying, "Your collection is one of the few notable ones in our country and my visit to it one of the notable events in all my eastern trip." The letters from Evans extend in time from 1933 to 1945, number about 25 and, in his discussion of rare medical books, have the exuberant tone of a schoolboy chattering about baseball cards.

That Dr. Jager shared this enthusiasm for medical book collecting is evident from his retention of catalogues, invoices, receipts and other documents pertaining to the acquisition of the Jager Collection. The earliest document is a catalogue from B. Login & Son of New York, dated 1925–26, and the latest is an invoice from Dawsons of Pall Mall dated October 13, 1971. The arrival of a new catalogue was an occasion for deep and immediate study, and those close to him always knew what kind of gift would please him most. The late 1930s was the most intense period of book acquisition, judging by the volume and content of the documents. Leipzig, Florence, Amsterdam, Frankfurt, Zurich and Berlin, as well as New York and London, were cities with book dealers from whom Dr. Jager bought. An example of quality and prices of the day is a receipt from Raphael King Ltd. of London listing "Graaf. *DeMulierum Organis 1672*," price £3-10s, and "Hunter. *Treatise of Venereal Disease 1786*," price £12-0s. Preceding the receipt from King was a debit for $77.05 from Dr. Jager's account at the Fourth National, a memorandum of cheque for £15-10s from the American Express Company listing the exchange rate at $4.92¼, and a post office receipt for registered mail. What a bargain, even considering that the current dollar is worth but a tenth (or less) of the 1938 dollar.

A most interesting bit of correspondence about Dr. Jager occurred in the spring and summer of 1918, when Dr. Jager asked the assistance of friends in high places to help him obtain a commission in the Army Medical Corps. The sticking point was that Dr. Jager was not yet a United States citizen and, as Chas. H. Mayo, Major, MRC, pointed out, "at present there are instructions to delay the commissioning of foreign born men excepting those of our allied countries until there is greater need in the medical service." Dr. Jager did get his citizenship papers on September 27, 1921. He wanted to be known as an American, actively discouraging his children from learning Swedish, and talking very little about the old country.

Immigrant with Character and Talent

Dr. Jager's life and work reflect the classic American success story of his time — an immigrant with character and talent who seized the opportunity presented to him to achieve success in his chosen field. He was a cultured gentleman in the tradition when all knowledge was of interest to men of learning, some of whom practiced medicine. In that tradition, men of culture and scholarship not only studied and respected their antecedents but revered them by collecting the artifacts of their intellect — their medical writings.

There are three elements in a successful career. Two of them are obvious: the need to make a

living, and the provision of a good or service useful to others. Since antiquity, the practice of medicine has been a highly regarded means of providing service to others over and above the mere dictates of a commercial transaction. It involves not only the relief of human suffering, but also, the pursuit of an internalized set of standards of diligence and responsibility, even to the sacrifice of the practitioner's personal interest. These standards are the ethic of any profession, whether engineering, law, accounting or medicine. Dr. Jager pursued the intellectual and ethical aspects of his art, gently and compassionately, for the relief of human suffering and for the transmission of knowledge and art to his students.

But it was more than that. There is work that is interesting in and of itself, and captures the total attention of its practitioners. Such careers have been studied by Mihaly Csikszentmihalyi of the University of Chicago, who observed artists, athletes and surgeons. In his book *Flow: The Psychology of Optimal Experience*, he details the sense of fun, joy or sport experienced by people whose careers are innately interesting. In that category, I would include all fields of medicine — and certainly the career of Dr. Jager.

In modern jargon, Dr. Thor Jager "had it all." He made his living, a good one, at a calling that was highly valued not only by those whom he served but by the community in general, and on top of it all, he had fun doing it. Dr. Jager's life exhibited that combination of challenge and service which provides the ultimate satisfaction of human endeavor and becomes an exemplar to us all.

BIBLIOGRAPHY

Ackerknecht, EH. *Rudolf Virchow: Doctor, Statesman, Anthropologist*. Madison: University of Wisconsin Press, 1953.

Csikszentmihalyi, M. *Flow: The Psychology of Optimal Experience*. New York: Harper & Row, 1990.

Graaf, R. de. *De Mulierum Organis Generationi Inservientibus Tractatus Novus. Demonstrans Tam Homines & Animalia Caetera Omnia, Quae Vivipara Dicuntur, Haud Minus Quam Ovipara AB Ovo Originem Ducere*. Lugd. Batav.: Ex officina Hackiana, 1672.

Hunter, John. *A Treatise on the Venereal Disease*, 2nd ed. London: Printed for Sherwood, Neely, and Jones: and J. Callow, 1818.

Jager, Thor Jager. "Cardiac Arrythmia." *Journal of the Kansas Medical Society*. July 1911, pp. 296-301.

———"Infectious Mononucleosis; or Acute Benign Lymphadenosis." *Journal of the Missouri State Medical Association*. January 1927, pp. 15-18.

———"So-Called Colloid Degeneration of the Skin." *Archives of Dermatology and Syphilology*. Chicago: American Medical Association, November 1925, vol. 12, pp. 629-41.

———"Über die Bedeutung des Keith-Flack'schen Knotens für den Herzrhythmus." *Deutschen Archiv Für Klinische Medizin*. Leipzig: Verlag von F.C.W. Vogel, 1910.

KMS Committee on Physician Impairment and Advocacy

This program provides a confidential, reliable and effective means for the medical profession to identify, evaluate, refer for treatment and monitor those physicians whose ability to practice is impaired. For information, please contact the KMS office or the contact person in your area, listed below:

Judith A. Janes, CCDP 1-800-332-0156
Emergency Pager 913-295-0523

Joseph Bosiljevac, M.D., Emporia.....316-343-7043
Veltin J. Boudreaux, M.D., Wichita.....316-772-5000
George Dyck, M.D., Wichita 316-261-2647
Rodney Jones, M.D., Wichita 316-634-2696
Connie M. Marsh, M.D., Wichita 316-264-3222
Stephen F. Miller, M.D., Parsons 316-421-0600
W. Lee Murray, M.D., Shawnee Mission, Chairman 913-444-2900
C. Erik Nye, M.D., Shawnee Mission 913-362-8317
Virginia L. Tucker, M.D., KUMC 913-588-5908
Larry D. Vande Garde, M.D., Topeka 913-233-5101
Eric A. Voth, M.D., Topeka 913-354-9591
Wayne O. Wallace, Jr., M.D., Atchison 913-367-7300

SPECIAL FEATURE

A CLIA '88 Road Map

SUE RILEY,* *Topeka*

If you feel lost on the road to a successful CLIA '88 certification inspection, read on. The following article and checklist are intended to make your journey less confusing.

The Health Care Financing Administration (HCFA) has mandated that the first round of inspections contain a large educational component. Sanctions other than deficiency statements will be taken only when there is an immediate and serious jeopardy to human life.

The Kansas Department of Health and Environment has made a strong commitment to provide educational resources for the medical laboratory community. In response to this need, the department created a state-funded training coordinator position whose responsibilities include keeping the medical community informed about developments in laboratory regulations. The intent of this article is twofold. First, we would like to communicate the most frequently cited deficiencies in laboratories being inspected; and second, to let you know what you need to do to prepare for CLIA '88 certification approval.

A set of self-administered checklists to help you evaluate your laboratory is available, either printed or on computer disk. To obtain copies of these, or to discuss specific problems or questions, call the author, Sue Riley, at KDHE, 913-296-6621; fax: 913-296-1641.

Deficiencies

The most frequent sanction taken by the inspectors is a deficiency statement. The five deficiencies observed most frequently by Kansas inspectors are:

- Failure to perform and document quality control with at least two levels of control each day of testing (if the manufacturer requires additional controls or the laboratory has written more explicit instructions, the most stringent procedure must be met); and failure to retain quality control documents for at least two years.
- Failure to follow manufacturer's instrument operating instructions, especially the requirement listed under the preventive maintenance section in the operator's manual.
- Failure by the laboratory director to assure that a complete procedure manual is written and approved, with all corrections or changes initialed and dated prior to implementation; and written approval of personnel assignments, responsibilities and duties.
- Failure to keep complete records. The name and address of the testing facility cannot be determined. The identity of the person performing the testing and the date and time the test arrived in the lab is not recorded.
- No written quality assurance in place for the laboratory.

The Survey Process

Your staff will be more comfortable and prepared if they know what to expect before the inspector arrives. The process will be easier for the inspector, also, when the right documents are correctly prepared in advance of the inspection. When laboratory staff know what to anticipate, the appropriate personnel can be made available for answering questions, responding to requests and attending necessary educational discussions.

Scheduling. The process begins when the inspector calls the laboratory to schedule the inspection, which is done one to two weeks in advance. Geographic location determines when a laboratory will be visited, since the inspector plans the best route for efficient travel. Laboratories can expect to spend at least half a day for a POL and a full day for a hospital or large clinic inspection. For maximum efficiency in the laboratory, and so the person assigned to participate in the inspection can concentrate fully on the procedure, it is a good idea either to staff one extra person or lighten the patient load during the on-site visit.

During the scheduling conversation, the inspector will ask what tests are included in the

*Laboratory improvement specialist, KDHE.
Address correspondence to Ms. Riley at KDHE, Forbes Field Building 740, Topeka, Kansas 66620-0001.

laboratory's test menu, the test volumes, what instrumentation is in use, and the complexity category of those tests and instruments. From that information, the inspector will determine the personnel requirements for the facility being inspected.

Personnel Documents. The laboratory needs to collect and review personnel documents demonstrating that employees are appropriately educated and trained for the tests they are performing. For example, in a moderately complex laboratory the director, the technical consultant, the clinical consultant and all testing personnel require specific documents. The personnel file for a doctor should include a current Kansas license. A diploma or transcript documenting the highest level of education is required for the other designated staff. Training will need to be documented, either on the job or through an in-service or educational facility. The laboratory is also required to provide a specific list, signed by the director, of the testing each individual is approved to perform.

Documentation Process. Once the personnel records are complete, an evaluation should be made of the documentation process. Choose several patients who represent all areas of laboratory testing done in the facility. Look at the test requisition, test report and test record for each patient or test chosen. By going through the patient records from the time the test was ordered until it was reported, the staff will be able to pinpoint any shortcomings in the laboratory's record-keeping system.

For example, if a patient had a CBC, UA, and electrolytes ordered, the following questions should be considered:

1. Is all the specified information on the requisition? The requisition must include:

a. The patient's name or other unique identifier.

b. The name and address of the authorized person ordering the test.

c. The test to be performed.

d. The date of specimen collection. (For Pap smears, the patient's last menstrual period; age or date of birth; and indication of whether the patient had a previous abnormal report, treatment, or biopsy should be included in the report.)

2. Were the tests performed by testing personnel designated by the director to perform those specific tests? Were the test results signed or initialed by the person performing the tests, and were the time and date recorded?

3. Were the reagents stored at the appropriate temperature? The reagents must be stored at the temperature range listed in the manufacturer's instructions and/or in the procedure manual. A daily log must be maintained of the temperature of each storage area (refrigerators, freezers, incubators and room temperature).

4. Were the instruments calibrated according to the schedule and instructions given by the manufacturer? Are all calibration records available for the inspector to review?

5. Has all preventive maintenance been performed according to the schedule and instructions given by the manufacturer? Are the preventive maintenance record and the repair log available for inspection?

6. Was proficiency testing performed correctly on each regulated analyte and reviewed by the director with the testing personnel in a timely manner?

7. Were control samples tested and determined to be acceptable prior to the patient sample testing?

8. If patient results were abnormal, did they fall within the "panic" ranges? If so, was this communicated to the person designated to receive it?

9. If the results were outside the acceptable range stated in the testing procedure, were they repeated before being reported? Is the laboratory procedure for specimen rejection or for result evaluation followed exactly as it is written?

10. Did the results correlate with the patient demographic information provided on the test requisition? For example, were adult normal ranges reported on hematology results for a newborn, or a urine pregnancy test performed for a man?

11. Did the report get to the right chart or file?

12. Was the value reported with the correct units of measurement? Are "normal" or "reference" ranges readily available to the person ordering the tests?

13. Is the testing lab clearly identified on the test report?

14. Did the doctor receive timely, accurate tests performed by qualified personnel?

Accurate and complete records in all these

The checklist on the following pages is for your own use and need not be submitted to KDHE. Each question is presented so that the correct answer is yes. *(The text continues on page 44.)*

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Laboratory Certification and Improvement Section

Self-Evaluation Checklist
(for educational purposes only)

LABORATORY MANAGEMENT

Yes No

___ ___ 1. Is a policy/procedure manual available to laboratory personnel which includes:
___all procedures in use by the laboratory?
___written instructions for clients who submit reference specimens?
___frequency of use and acceptability of results for quality control?
___actions to be taken when quality control results deviate from acceptable criteria?
___frequency of calibration or calibration verification?
___methods for identifying and reporting "panic values" in life-threatening situations?

___ ___ 2. Have all policies and procedures been approved by the current laboratory director at least annually?

___ ___ 3. Do procedures for specimen collection and processing ensure:
___optimum specimen integrity?
___positive patient identification?
___throughout the entire testing process?
___by the use of unique identifiers?

___ ___ 4. Are test requisitions (orders) kept for 2 years?

___ ___ 5. Do test requisitions contain:
___name and address of person ordering the test?
___patient name or other unique identifier?
___name of test to be performed?
___the date the specimen was collected?
___any additional patient information necessary for interpretation of test results?
___LMP for pap smears? ___time collected?
___age or date of birth? ___source of specimen?

___ ___ 6. Are test results reported in a timely, accurate, reliable, and confidential manner?

___ ___ 7. Are policies available to address requests for STAT and timed tests?

___ ___ 8. Is an original or exact duplicate of each test report, including preliminary and final results, retained for the required time period?
___immunohematology reports for 5 years.
___pathology reports for 10 years.
___all other reports for 2 years.

___ ___ 9. Do tests reports indicate the identification of the laboratory performing the test?

___ ___ 10. Do test records indicate the identification of the person performing the test?

___ ___ 11. Do test records indicate the time of receipt of the specimen into the lab?

___ ___ 12. Is the condition and disposition of specimens not meeting criteria for acceptability documented?

___ ___ 13. Does the laboratory have a list of test methods, performance specifications, interferences or other information which may affect the test results?

___ ___ 14. Does the laboratory refer tests only to a laboratory which has a valid certificate for the specialty or subspecialty and at the level of complexity appropriate for the referral test?

___ ___ 15. Is KDHE, or the accrediting agency if the laboratory has deemed status, notified promptly of all pertinent changes in:

___laboratory ownership?
___location?
___director
___technical supervisor?
___changes in test menu and test methodologies?

___ ___ 16. Are qualified personnel employed to perform all laboratory tests? (Refer to personnel guidelines CFR 493.1401 - CFR 493.1495)

___ ___ 17. Is the laboratory enrolled in an approved proficiency testing program for each analyte the laboratory performs listed in Subpart H of the regulations?

___is the score for each analyte 80% or better each testing period?
___are all incorrect answers investigated to determine the cause and an appropriate plan of correction instituted?
___are all proficiency testing results released to the state agency?
___is the same program set used for a year of proficiency testing?

___ ___ 18. Is the laboratory in compliance with all federal, state and local laws including:

___Kansas approval to perform:
___HIV testing? ___prenatal syphilis serology testing?
___tests for controlled substances?

___ ___ 19. Are contaminated wastes disposed of in accordance with K.A.R. 28-29-27?

___ ___ 20. Does the quality assurance program monitor the patient test management system by including an ongoing review of:

___patient preparation, specimen collection, labeling, preservation and transport?
___appropriateness of criteria for specimen rejection and adherence to criteria?
___completeness, usefulness and accuracy of information included in the test report?
___timely reporting of tests?
___accuracy and reliability of test reporting systems and record storage and retrieval?
___patient test results in light of age, sex, diagnosis or other pertinent clinical data, relationship to other test results and distribution of all results in light of the characteristics of the clientele (eg. pediatric population, geriatric population, etc.)?

(Checklists are provided solely for your use. They need not be returned to our office.)

Public Domain - produced by KDHE

stages indicate that the laboratory has a good foundation in patient test management.

Prenatal syphilis, HIV, and drugs-of-abuse testing are governed by separate state regulations. If your testing facility is a hospital, there are specific Kansas regulations that govern hospitals, and you must go by the most stringent law in each situation. If your laboratory is to be inspected by representatives of an accrediting agency other than the CLIA inspectors (such as COLA or CAP), those agencies have additional requirements.

Checklists and Computer Disks. The agency's Medical Laboratory Program Office (MLPO) has produced numerous checklists, such as the one which accompanies this article, as well as forms and procedures, which are available to assist you in preparation for an inspection or in preparation of your plan of correction after your inspection. The checklists are for use in your own facility and need not be returned to KDHE. There are no trick questions. Rather, the checklists are intended as an organized way for all labs to check their facility for compliance with CLIA 88, State of Kansas regulations and — most importantly — good laboratory practice.

The regional office of the Health Care Financing Administration provided KDHE with a complete Complexity List updated as of July 26, 1993, which contains all the tests whose complexity has been classified at this time. This information is available on computer disk and will be provided at no charge if you send in a blank disk, a self-addressed stamped envelope, and a note specifying which disk or disks you want. You will need to send either one high-density or two low-density disks for each Help Book disk or Complexity List disk you request. You may send either 5.25- or 3.5-inch disks. The information on both is in IBM PC-compatible format using WordPerfect 5.1 software.

It is our goal to teach good laboratory practice, as well as to supply helpful information for compliance with regulations. This is an open invitation to all clinical laboratory facilities to contact our office and request in-service, education, or workshop programs. On-site visits by the training coordinator can be scheduled upon request.

Most importantly, become informed. Get a copy of the *Federal Register* for February 28, 1992, and July 26, 1993, from your local library. Another helpful document would be the interpretive guidelines used by the inspectors. A copy may be obtained by writing: National Technical Information Service, U. S. Department of Commerce, 5285 Port Royal Road, Springfield, VA 22161. Please expand your laboratory team to include the MLPO as a resource in your laboratory's continuous quality improvement plan.

Helpful References. The following resources will provide useful information for your improvement plan.

CLIA '88 Health and Quality Standards.

Federal Register, vol. 57, no. 40; Friday, February 28, 1992, Rules and Regulations.

Appendix C, Survey Procedures and Interpretive Guidelines for Laboratories and Laboratory Services, Update October 25, 1993.

Help Book produced by The Department of Health and Environment, Medical Laboratory Program Office. Additions are made on an ongoing basis.

AIDS Information

CDC National AIDS Clearinghouse	1-800-458-5231
National AIDS Hotline	
(English)	1-800-342-AIDS
(Spanish)	1-800-344-7432
(TTY/TDD)	1-800-243-7012

The Incidence of Guillain-Barré Syndrome in a Metropolitan County, 1984-1988

KEVIN C. HOPPOCK, M.D.; GREGORY G. GREER, B.A.; AND ANNE D. WALLING, M.D.,* *Wichita*

Guillain-Barré syndrome (GBS) is a rare subacute polyneuropathy characterized by symmetrical ascending flaccid paralysis with loss of lower extremity deep tendon reflexes.[1] The condition is considered to be due to an autoimmune destruction of myelin and myelin-producing cells triggered by a viral or other exogenous factor in susceptible individuals.[2] As with all conditions of low incidence, the small number of cases observed each year in a given population makes determination of the true incidence rate difficult; a small fluctuation in the number of cases may have a large impact on this rate. The problem is exacerbated by lack of consensus or clarification in earlier studies as to the criteria for GBS. In spite of these problems, several studies have estimated the expected incidence of GBS to be in the range of 0.6 to 2.0 cases per 100,000 population per year (Table 1).[3]

Based on a review of the clinical experience of residents on the neurology rotation of HCA Wesley's Family Practice Residency Program in Wichita, we had the impression that more than the expected number of cases of GBS were occurring in Sedgwick County. This was particularly interesting, as Larimer County in the adjacent state of Colorado has been reported to be an area of unusually high incidence: 4/100,000.[4] An epidemiological study therefore was undertaken to determine the incidence of GBS in Sedgwick County and compare the cases to published reports on the distribution of GBS by age, sex, race, mortality and morbidity experience, and the relationship of a preceding viral illness to this disease.

Methods

The study was a retrospective review of hospital records of all GBS cases in Sedgwick County residents from 1984 to 1988. Because there are no other large cities or medical referral centers within 150 miles of Wichita, the city is a major medical referral center for much of Kansas and contiguous states. For this reason, outflow of county residents with GBS was unlikely. The assumption was made that all cases of GBS would require hospital admission. All records carrying ICD-9 code 357.0 at death or discharge were identified, and non-county residents were eliminated on the basis of zip code of usual residence. Each hospital record was reviewed to confirm that the case met clinical criteria for GBS and to extract information on the variables of the study. The clinical criteria used were: subacute, progressive weakness of at least the lower extremities; and decreased deep tendon reflexes.

Information was extracted from each chart on the patient's age, sex, race, usual residence, occupation, length of hospital stay, season of admission, severity of illness, history of antecedent illness, treatment, and specialties of the physicians managing the care. This retrospective chart review covered all five hospitals serving Sedgwick County.

To provide accurate denominator populations for the five years studied (calendar years 1984-88), demographers from the Metropolitan Area Planning Department (MAPD) calculated specific mid-year population estimates for each year and verified the cumulative population at risk for the five-year period studied.

Results

The initial search by discharge code identified 45 cases of GBS in residents of Sedgwick County during the five years studied. Of these, two cases were rejected, as deep tendon reflexes were recorded as exaggerated rather than diminished. The remaining 43 cases met the clinical criteria previously outlined.

The annual incidence rate per 100,000 population ranged from 1.27 in 1987 to 3.15 in 1984. The overall incidence for all five years was 2.2 per 100,000 person-years (Figure 1).

* Dept. of Family and Community Medicine, UKSM-Wichita.

Address correspondence to Dr. Hoppock at Wichita Clinic, P.O. Box 8068, Wichita, Kansas 67208-0068.

TABLE 1
COMPARISON OF POPULATION-BASED STUDIES OF GUILLAIN-BARRÉ SYNDROME.

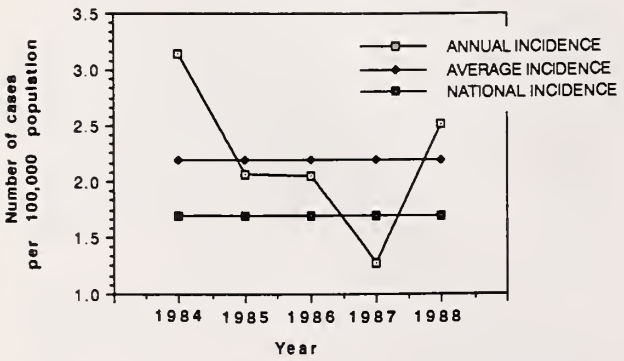
Population Studied	*Years*	*Numbers of Cases*	*Average Incidence Per 100,000*
Iceland	1954-64	13	0.7
United Kingdom	1955-61	3	0.6
Guam	1960-66	5	1.9
Minnesota	1935-76	40	1.7
California	1972-76	18	1.2
Israel	1969-72	89	0.8
Norway	1957-77	112	1.2
United States	1976-77	432	1.7
Finland	1977-86	71	1.0
Denmark	1977-86	34	2.0

Similar numbers of males and females were affected: 22 males and 21 females. The racial distribution of cases, 38 (88.4%) white, 3(7%) black, and 2(4.7%) Hispanic, approximated that of the city population. The average age of patients was 53 years, with a range of 10-88 years. There was a bimodal distribution of cases as illustrated in Figure 2, with one peak at age 25-35 and one at 50-70. There was no apparent clustering of patients by occupation or area of residence.

A recent history of upper respiratory infection was recorded in the charts of 20/43 cases. Further, nine patients were recorded as having recent gastrointestinal infection, and two patients had infections recorded in both systems. No preceding infections were documented in 12/43 charts.

Lumbar puncture was performed on 36 patients. The other seven patients refused consent for the procedure. Protein levels in the cerebrospinal fluid (CSF) were elevated in 29 of the 36 individuals tested (81%).

No patients died during the study. The severity of the illness varied widely. Five (12%) patients required ventilator assistance, 11 (26%) had cranial nerve deficits, 23 (54%) had strength and reflex deficits in all extremities, and 4 (9%) had deficits only in the legs. Despite this range of clinical severity, all but one patient had a good recovery with activity of daily living (ADL) measures at final discharge of "normal" or "nearly normal."



The mean length of hospital stay was 38 days, but this was elevated by a few patients with very long stays. The range was 2-201 days, and the median length of stay was 18 days.

Regardless of the specialty of the admitting physician, all patients were seen by a neurologist during their hospital course. A variety of treatments were used. About half (20/43) of the cases were managed with only supportive care. Plasmapheresis was used in 15 (35%), corticosteroids in 6 (14%) and both in two cases. In addition, two patients were treated with intravenous ACTH.

Discussion

The incidence rates found for GBS over the five years studied are higher than those predicted for an American population, but the overall rate of 2.2 cases/100,000 is not statistically significant when compared to the national incidence rate.

The number of cases occurring in Sedgwick County varied from 5 to 12 per year. The design of this study could have missed cases in which patients were not admitted to a hospital in the county, or were misdiagnosed or miscoded. These incidence rates, therefore, were likely to represent low estimates of the true incidence. Although it is unlikely that many cases were missed, even small fluctuations in the number of cases

would have changed incidence rates to approximate those found in Colorado. Such studies require complete identification of cases, stringent attention to criteria and inclusion of data from many years to avoid misinterpreting a fluctuating rate.

The present study had advantages over previous community-based studies because of the defined population and lack of outflow problems. It was also not dependent on reporting by neurologists and was supported by highly specific denominator population calculations. The incidence rate found in this study may indicate that Sedgwick County is an area of fairly high prevalence, or that national rates have risen since earlier studies.

If the pathogenesis of GBS depends on an exogenous trigger such as a viral illness to initiate an autoimmune destructive process in a susceptible individual, high rates could result from an epidemic of viral illness or a particularly vulnerable population. There is no evidence that either occurred during this study. Investigators have pointed out that GBS incidence rates may be expected to be higher when the population contains significant proportions of older people, but the age structure of the Sedgwick County population matches the national distribution. The small number of patients did not permit accurate age-specific incidence rates to be calculated.

In this study, we did not find an expected higher incidence in men or in whites. The condition appeared to be evenly distributed throughout the adult population and was not associated with occupation or any geographic location within the county. The only epidemiological factor which did confirm other studies was the report of recent illness within the last month. Even allowing for recall bias and the frequency of such illnesses in the general population, this finding was significant.

Although there was no mortality, GBS accounted for significant morbidity as demonstrated by the long lengths of hospital stay, need for assisted ventilation, and symptom pattern reported. The choice of treatments was interesting in view of current controversies, particularly over

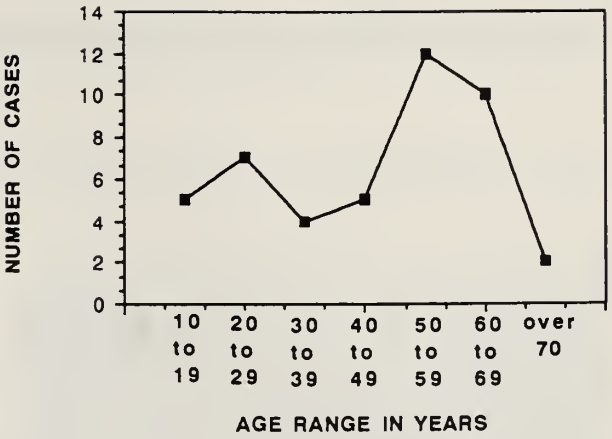


Figure 2. Number of cases by age.

the role of plasmapheresis and the potential danger of corticosteroid therapy. There appeared to be no correlation between treatment regimen and either severity of illness or length of stay.

Conclusion

Almost all aspects of GBS are disputed — even the name of the author who originally described the syndrome. In attempting to answer the question about a local "epidemic" of GBS, we have demonstrated that Sedgwick County is an area of higher than expected incidence. We have also drawn attention to the need for great caution in conducting and interpreting community-based epidemiological studies on rare conditions such as Guillain-Barré syndrome.

REFERENCES

1. Asbury AK, Arnason BG, Karp HR, McFarlin DE. Criteria for the diagnosis of Guillain-Barre Syndrome. *Ann Neurol* 1978;3:565-66.

2. Winer JB, Gray IA, Gregson NA, Hughes RAC, Leibowitz S, Shepherd P, Taylor WA, Yewdall V. A prospective study of acute idiopathic neuropathy. *J Neurol Neurosurg Psych* 1988;51:619-25.

3. Schonberger LB, Hurwitz ES, Katona P, Holman RC, Bregman DJ. Guillain-Barre syndrome: Its epidemiology and associations with influenza vaccination. *Ann Neurol* 1981;9(suppl):31-38.

4. Kaplan JE, Poduska, McIntosh GC, Hopkins RS, Ferguson SW, Schonberger LB. Guillain-Barre syndrome in Larimer County. *Neurology* 1985;35:581-84.

Penile Metastases from Prostate Cancer

BABU PRASAD, M.D.,* LYLE NOORDHOEK, M.D.,†
AND KEVIN MCDONALD, M.D.,‡ *Hays*

In March 1991, a 69-year-old white male was diagnosed with poorly differentiated adenocarcinoma of the prostate. At that time, his PSA level was greater than 50 ng/ml. Bone scan revealed only degenerative changes. CAT scan of the pelvis showed mild enlargement of the prostate with irregularity of periprostatic tissues. The patient received definitive radiotherapy consisting of 5000 cGy to the pelvis and 7000 cGy to the prostate. Six months later he developed lower back and hip pain. Repeat bone scan showed increased activity in the ribs and spine consistent with bone metastases. The patient was started on monthly Lupron injections. In January 1992 he developed a painful mass in the penile shaft at its root, with occasional bleeding from the urethra. Biopsy of the lesion was positive for adenocarcinoma of prostate origin. Cystoscopy showed almost complete obstruction of the urethra. The patient underwent suprapubic cystostomy and bilateral orchiectomy. He was also started on oral Flutamide. Radiation therapy to the penile lesion is planned if the lesion shows signs of progression or becomes symptomatic.

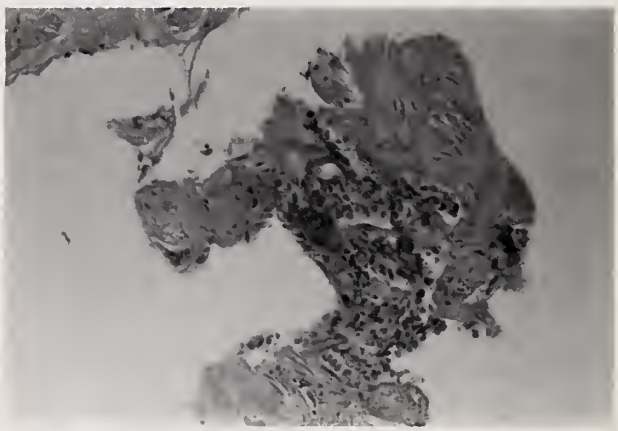


Figure 1. Moderately differentiated adenocarcinoma of the prostate in penile biopsy.

Discussion

Metastatic carcinoma to the penis is an extremely rare condition. The most common primary sites for these tumors are the prostate and bladder. Occasionally tumors arising from kidney, rectum or testes can metastasize to the penis.

A painful mass in the penis is the most common presenting symptom. About one-third of patients experience priapism. Bleeding may occur if the urethra is involved. Micturitional difficulties, including retention, have been reported. The method of tumor spread to the penis is usually by direct local extension. Other means of spread are retrograde venous transportation, or lymphatic or even hematogenous spread.

The corpora cavernosa is the most common site of involvement in the penis, in up to 60% of cases, while the corpora spongiosum is involved in 10% of cases.

Diagnosis is established on biopsy of the lesion. The treatment usually consists of surgery or, more often, irradiation. The prognosis in these patients is generally very poor, since most have disseminated disease.

REFERENCES

1. Haddad FS, Manne RK. Prostatic tumors with penile secondaries. *Urol Int* 1986;41:465-470.
2. Finkelstein LH, Manfrey SJ, Arsht DB, Bellin HJ. Penile metastases from intraductal carcinoma of the prostate diagnosed by corpora cavernosa aspiration biopsy. *J of AOA*, April 1983;82.
3. Kumar PO, Newland TR. Metastatic carcinoma of the penis. *J Nat Med Assoc* 1980;vol.72,no.1.
4. Trulock TS, Wheatley JK, Walton KN. Secondary tumors of the penis. *Urology*, June 1981, vol. XVII, Number 6.

*Radiation Oncology, Hays
+Pathologist, Hays
‡Urologist, Hays
Address correspondence to Dr. Prasad at Dept. of Radiation Oncology, Hays Medical Center, 2220 Canterbury Drive, Hays, KS 67601.

RADIOLOGY VIGNETTE

Imaging of Femoral Neck Stress Fracture

DAVID BRAKE, M.D.,* *Wichita*

A 65-year-old man presented with persistent hip pain. He had a history of carcinoma of the prostate several years earlier, treated with radiation therapy. There was no clinical evidence of recurrence of the prostate carcinoma. The medication history consisted solely of Flutamide, two tablets every eight hours for prostate carcinoma.





Imaging Findings

Radiographs of the pelvis and right hip showed no abnormality; specifically, no fracture was identified or bone destruction seen in the right, proximal femur. Subsequent MRI was performed. Coronal, sagittal and axial images each showed loss of bone marrow signal in the femoral neck region, involving a segment measuring 1.5 cm in craniocaudal dimensions. The process does not involve the femoral head, as would be expected if this were avascular necrosis. The MRI findings are consistent with stress fracture of the right femoral neck.

Discussion

Radiographs of stress fractures of the femoral neck often are negative. While radionuclear scanning is quite sensitive, sometimes there is a delay of a few days before the fracture will be positive, depending on the age of the patient. MRI visualizes the loss of bone marrow signal, as edema and hemorrhage into the medullary cavity replace the fatty marrow, usually within two to three hours.

*Dept. of Radiology, UKSM-Wichita
Address correspondence to Dr. Brake at 1010 N. Kansas, Wichita, Kansas 67214.

Tuberculosis Outbreak in Finney County, 1993

Fifteen cases of active tuberculosis (TB) were reported in Garden City from April to August 1993. This represents a significant increase over the baseline rate for TB in Finney County during the previous 10 years (see figure). Among the 15 case-patients, there were nine children (median age 2 years; range: 9 months to 12 years) and six adults (median age 32 years; range: 26 to 91). Fourteen (93%) of the case-patients were Hispanic; five (33%) were born in Mexico.

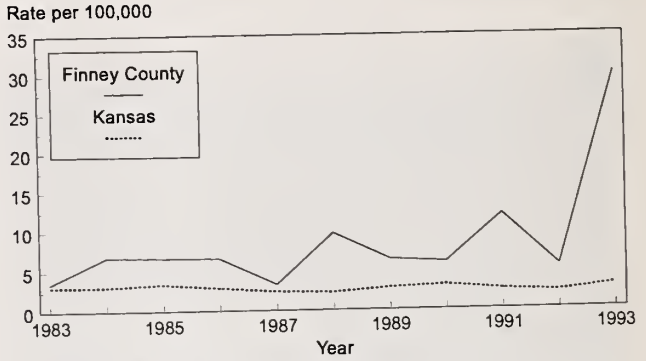
All of the adults and seven of the children had pulmonary TB; one child had TB meningitis; and one had TB osteomyelitis. All six of the adults and two of the children had positive cultures for *Mycobacterium tuberculosis*. The other children were diagnosed as having TB based on positive skin test results and abnormal chest radiographs. Twelve (80%) of the case-patients were tested for HIV; all were negative.

The 15 case-patients lived in six households geographically dispersed throughout Garden City. Although the case-patients in the different households denied any direct contact with each other, TB isolates from case-patients in three of the households were identical by DNA fingerprinting and were susceptible to all drugs tested. An isolate from a case-patient in a fourth household had a different DNA fingerprint and was rifampin-resistant.

The outbreak of TB in Garden City is ongoing, and new cases continue to be identified. As of December 1, 1993, 37 persons were being treated with multidrug regimens for tuberculosis disease; 11 of these cases have positive cultures for TB. In addition, approximately 200 people are receiving prophylactic treatment with isoniazid for tuberculosis infection.

High-risk groups for TB include persons of lower socio-economic status who are medically underserved, foreign-born persons from countries with a high prevalence of TB, and persons belonging to minority groups. All of the TB cases in this outbreak were from one or more of these high-risk groups. HIV infection and homelessness, commonly associated with TB, were not identified as risk factors in this outbreak.

The increase of TB in Garden City is of increasing public health concern. The same risk groups for TB that are present in Garden City are also present in many other Kansas communities., so similar outbreaks could occur in other areas of the state. Because TB has been relatively uncommon in Kansas in recent years, many health-care providers may be unfamiliar with the disease. Any person with signs and symptoms of active disease (i.e., cough, weight loss, night sweats, hemoptysis) should be promptly evaluated by chest radiograph and by submission of three sputums for smear and culture. Persons at risk for TB should be offered a tuberculin skin test when receiving routine medical care.



Rate of tuberculosis in Finney County and in Kansas, 1983 through November 14, 1993.

Because drug-resistant TB is an increasing concern, and because compliance with treatment is often poor, KDHE is currently recommending that all persons with active TB be placed on an initial four-drug regimen (isoniazid, pyrazinamide, rifampin, and either ethambutol or streptomycin) and be monitored by directly observed therapy. These recommendations are based on recent guidelines for TB treatment published by the Centers for Disease Control and Prevention (*MMWR* 1993;42,no.RR-7:1-8).

Any suspected case of TB should be reported promptly to the local health department to ensure appropriate follow-up, and so that contact tracing can be initiated. KDHE can provide laboratory support (smear, culture and susceptibility testing) and medications for patients with TB infection or disease. Contact the Bureau of Disease Control at 913-296-5586.

Pocket Computers: Hewlett Packard 100LX

DONALD L. VINE, M.D.,* *Wichita*

Editor's note: For the next several issues, Dr. Vine, author of the "Cardiology Notes" column, will evaluate and compare new medical computing products. The "Cardiology Notes" column will resume following completion of this series.

Doctors who expect to retire within the next five years can probably complete their careers without touching a computer. The rest of us, for better or worse, will have to learn to use one.

Given the inevitable invasion of these devices into our personal and professional lives, there may be no more painless way of adapting than to take advantage of the rapidly developing area of pocket computing to help us organize our activities and information. In the next three or four issues of KANSAS MEDICINE, I will review some of the recently introduced miniature computers.

HP100LX Features

The Hewlett Packard 100LX is a true pocket computer. At 1 inch in thickness, 6.3 inches in length, 3.4 inches in width and 11 ounces in weight, the 100LX is just acceptable as something to carry in the jacket pocket or purse.

In this small package, HP provides a DOS-compatible computer with up to 640 Kb of system memory and 340 Kb or RAM for data and program storage. With a PCMCIA memory card and data compression, additional user-accessible memory of 10 Mb (10 million typewritten characters) or more can be saved and referenced. To put this into perspective, clinical summaries of 1,000 patients might occupy a file of one-half Mb, and a file of 1,000 key references with abstracts might require 2 Mb.

The CGA-compatible reflective screen is fairly easy to read in good ambient lighting. To maintain full DOS compatibility, screen size can be set to 80 columns by 24 rows, but the type face at this resolution is too small for easy reading with my eyes. More legible font sizes can be cycled by simple keystrokes.

Built-in software includes a phone book, appointment and to-do scheduler, memo writer, notepad for titled notes and a user-definable database function. Each of these applications can include a freeform note field of up to 32,000 bytes (characters).

A built-in Lotus 123, version 2.4, spreadsheet can be used with the HP calculator functions to develop and perform sophisticated medical calculations.

With proper accessories and software, the 100LX can be connected to a PC for file transfer, to a modem for faxing or other data transmission and to a printer for paper communication. Wireless communications are also possible with compatible cellular components.

The keyboard, of course, is fairly small, but is easy to use for short and medium-length documents. The built-in numeric keypad is excellent for those whose applications require significant numeric input. A nice feature is the "sticky" shift key, which permits one-hand typing of capitals.

The Intel 80C186 central processor runs at a speed of 7.91 MHz, which is comparable to the early IBM-PC XT computers. Two AA batteries provide weeks of intermittent usage, and the PCMCIA memory card (optional) requires no batteries for indefinite retention of information.

Comments

The possibility of having a computer that can run standard DOS PC software and fit in the palm of your hand was unheard of a few years ago. In this vein, the potential uses of the 100LX are limited

*Associate Professor, Department of Medicine, University of Kansas School of Medicine-Wichita

Address correspondence to Dr. Vine, Deparment of Medicine, UKSM-W, 1010 N. Kansas, Wichita, KS 67214.

CLASSIFIED ADVERTISEMENTS

Classified advertisements are $7.50/line for KMS members; $9.50/line for non-members; 5-line minimum. Payment must accompany copy. Deadline is 20th of the month preceding month of publication. Box numbers are available at no charge. All advertisements are accepted subject to approval by the Editorial Board.

CONFERENCE, April 15-17: "Redefining Psychiatry: Implications for Practice, Training & Recruitment," featuring Drs. Bernard Aarons, Elissa Benedek, Richard Cohen, Leah Dickstein, Glen Gabbard, Fredrick Goodwin, Carol Nadelson, Steven Sharfstein, Steven Paul, Allan Tasman, Sidney Weissman, Eliza, Roy & Walter Menninger. Cost: $175. Location: Topeka, KS. CE credit: 16 hours. Contact Menninger Continuing Education, 800-288-7377.

CONFERENCE, July 24-29: "Medical Marriages: Balancing Commitments to Family and Profession." Crested Butte, CO. CE credit: 24 hours. Contact Menninger Continuing Education, 800-288-7377.

POSITION WANTED in Family Practice clinic, urgent care clinic, or occupational medicine. KC area. Part or full time. Family physician has 17 years' experience; board qualified in ER; KS & MO licenses. Contact S.A. Brooks, 2813 W. 51st, Westwood, KS 66205; 913-722-2170.

GASTROENTEROLOGY, NEONATOLOGY, Neurosurgery, Occupational Medicine, Oncology, Orthopedics, Orthopedics-Hand — Strelcheck & Associates, Inc., an extension of our clients' recruiting departments, has positions available in Wisconsin, Michigan, Ohio and West Virginia. We would be happy to provide you with further information. Please call 1-800-243-4353, or send your CV to Strelcheck & Associates, Inc., 10624 N. Port Washington Road, Mequon, WI 53092.

WANTED: Family Practice Physician in Eudora, Ks., between Lawrence and Kansas City. A growing community with small-town atmosphere and access to a large city's benefits. You can be what you promised to be: a doctor for young and old, deliver babies, do surgery, and live well too. For information, call Kenneth Holladay, 913-542-2345, or write to Box G, Eudora, Kansas 66025.

OB/GYN, INTERNAL MEDICINE, FAMILY PRACTICE — Strelchek & Associates, Inc. currently represents Family Practice positions in Pennsylvania, Ohio, Illinois, Minnesota, and Wisconsin; Internal Medicine positions in Wisconsin and New York; OB/GYN position in southeastern Wisconsin. We would be happy to provide you with further information. Please call toll-free, 1-800-243-4353; or send your CV to Strelcheck & Associates, Inc., 10624 N. Port Washington Road, Mequon, WI 53092.

FAMILY/GENERAL Practice doctor needed for Spearman, Texas, in Texas Panhandle. Tax-supported, modern 28-bed hospital. Good backup. Award-winning schools and strong community support for hospital. For further information, contact Jerry Lewis of The Lewis Group at 1-800-666-1377.

primarily by three factors: your imagination, the speed of the processor and import-export software support.

Besides the usual phone book and scheduling, which the 100LX supports very well, and maintaining a to-do list which is adequately supported, the database, memo and notepad have a lot of potential.

Personal items of information, such as expense records, automobile mileage, continuing medical education announcements, lists of compact disks and almost any assortment of items of interest can be easily entered and maintained.

Patient information is simple to enter, and the appointment or database functions can be used to keep track of time spent with patients or of procedures performed. Frequently used diagnostic and procedural codes can be maintained for quick reference.

The memo function can be used to enter scattered pieces of information as they come in during the day. Chapters from CD ROM texts, such as *Scientific American Medicine*, can be downloaded to a PC and then transferred to the 100LX for review during lulls in the day's activities.

Notepad is an ideal format to organize reference material of two or three pages (or more) in length, and the spreadsheet and calculator are excellent for anyone needing to do clinical calculations regularly.

On the down side, the processor is slow by current laptop standards. While you can maintain several applications (phone book, database, appointment, etc.) in memory and switch rapidly from one to another, switching from one application such as database to another instance of the same application can be fairly slow because the first has to be saved and then the second loaded.

There is commercial and shareware software that will transfer *simple* phone book, appointment and to-do items to and from standard PC applications, but textual material with imbedded carriage returns and tab characters is not supported by commercial software that I have been able to locate. Full realization of the potential capabilities of the 100LX may require additional time spent on Compuserve or other on-line forums exchanging ideas with other users.

Still, by the time the average physician exhausts the full potential of the 100LX, he or she will have learned enough about personal computing to move comfortably on to the next generation of hardware.

American Medical Association
Physicians dedicated to the health of America

For Your Benefit

AMA to Congress: Doctors must make medical decisions in a reformed system

Physicians are "deeply concerned" the Clinton administration and others proposing health system reform would turn medical decision-making over to insurance companies and government bureaucrats.

In a Nov. 5 speech to the Commonwealth Club of California, AMA EVP James S. Todd, MD, expressed this concern, adding that reform will not succeed if doctors go from being patient advocates to simple allocators of services.

The speech, scheduled for broadcast through National Public Radio on 150 stations in 37 states, was the Association's first public address since President Clinton submitted his health system reform bill to Congress Oct. 27.

Applauding the Clintons for setting the stage for system reform, Dr. Todd turned comments toward Capitol Hill, saying the AMA will work hard to convince Congress to approve a bill that does not compromise patient care or the trust of the physician-patient relationship.

"It's time to set the rhetoric aside and start looking at what we have to work with, and decide exactly what it is we must have and what we don't need," Dr. Todd said. "The medical profession has definite views on how we think this process should unfold."

As the reform process turns to negotiations and compromise, Dr. Todd warned Congress that any plan calling for price controls, new layers of bureaucracy and overregulation will limit resources for patient care.

"Limits may be placed on the market forces that drive the kinds of vibrant competition we will need to sustain reform over a long period of time," he said.

Financing reform remains unclear, Dr. Todd said, adding any plan that relies heavily on Medicare and Medicaid cuts will threaten medical services for the poor and elderly "without providing the big bucks required to pay the bill."

He cited "the country's top economists," who warn that if anticipated savings fail to materialize," it will trigger deep reductions in medical services and destroy the promise of reform."

To find a "common ground" on reform, Dr. Todd said "it is essential that the discussion be constructive and nonpartisan and that all players work together to move the country toward consensus."

Prepared by the AMA Department of Communications Services. For information, call 800 AMA-3211, ext. 4416.

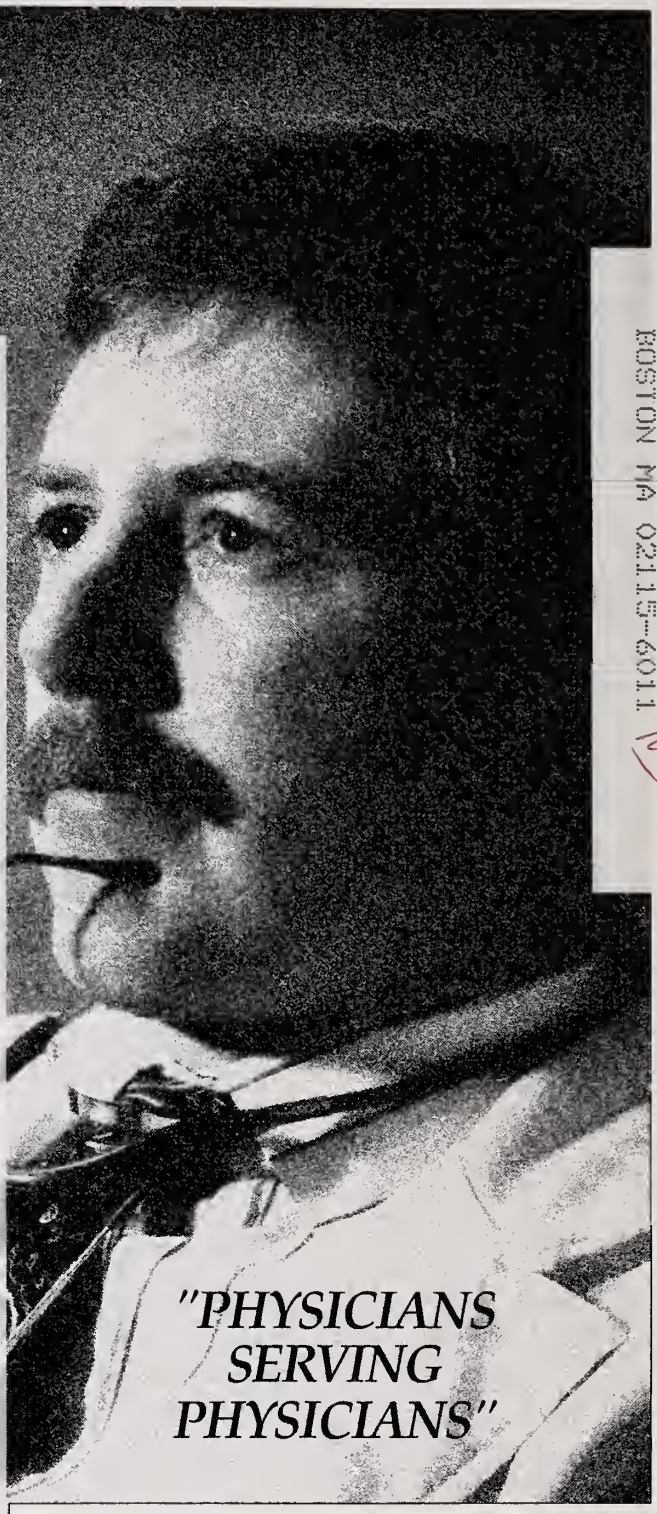
ANNOUNCING SOMETHING UNCOMMON... A COMMON SENSE APPROACH

Who understands the challenges facing today's physician better than other physicians? KaMMCO was formed *for* physicians, *by* physicians, to provide you with competitive rates and innovative services. Physician owned and controlled, we set the standards for superior service, and uncompromising protection.

Among the personal services we provide are:

- **Technical advice and information on a variety of health care law issues**
- **Physician focused management and purchasing services through Medical Services Corporation**
- **Strong defense of non-meritorious claims and physician support during claims**
- **Close working relationship with the Kansas Medical Society**
- **Legislative advocacy**
- **Loss prevention activities for physicians and staff**
- **Medical office reviews**
- **Personalized member service and toll-free access**

Physicians serving physicians...it's just common sense.



"PHYSICIANS SERVING PHYSICIANS"

KaMMCO

KANSAS MEDICAL MUTUAL INSURANCE COMPANY

623 SW Tenth • Topeka, Kansas 66612
(913) 232-2224 • 1 (800) 232-2259

XE
NEW ENGLAND JRNL OF MEDICINE
10 SHATTUCK ST
BOSTON MA 02115-6011
1-409003

KANSAS MEDICINE

JOURNAL OF THE KANSAS MEDICAL SOCIETY

March 1994 Volume 95, Number 3



THE FRANCIS A. COUNTWAY
LIBRARY OF MEDICINE
BOSTON, MA
APR 29 1994

THE FRANCIS A. COUNTWAY
LIBRARY OF MEDICINE
BOSTON, MA
APR 29 1994

- Special Feature: Two Views on Health Care Reform
- New This Month: Medical Milestones
- Hantavirus Pulmonary Syndrome: Kansas, 1993
- Medicine and Computers
- Pulmonary Barotrauma in a Mechanically Ventilated Patient

KANSAS MEDICINE

VOLUME 95 · NUMBER 3 · MARCH 1994

CONTENTS

Special Feature: Two Views on Health Care Reform

63 The Canadian Health Care System: From Masterpiece to Mess
A "refugee" from the Canadian system warns the U.S. not to emulate it.
John D. Moffat, M.D.

65 The Kansas Specific Health Plan
The chairman of the "403" Commission discusses their proposal.
Bill Roy, M.D.

Scientific Article

70 Pulmonary Barotrauma in a Mechanically Ventilated Patient with Solitary Head Injury and No Other Predisposing Factors
Case report and discussion of an unusual case.
Francis S. Lee, M.D.; Brad Basinger, M.D.; and Paul B. Harrison, M.D.

Departments

53 Cover Story
54 Editorial Comment
56 President's Message
57 Medicina et Lex
58 Alliance News
60 Medical Milestones
68 CME Opportunities
72 Classified Advertisements
73 Radiology Vignette
74 News from KDHE
76 Medicine and Computers

Miscellaneous

59 Information for Authors

EDITORIAL BOARD

Warren E. Meyer, M.D., Acting Editor
M. Martin Halley, M.D.
Harry G. Kroll, M.D.
Donald R. Pierce, M.D.
James H. Ransom, M.D.
William J. Reals, M.D.
Donald L. Vine, M.D.
Anne D. Walling, M.D.

STAFF

Susan Ward
Production Editor

Jeremy Slaughter
Business Manager

KANSAS MEDICINE (ISSN 8755-0059) is published monthly by the Kansas Medical Society, 623 W. 10th Avenue, Topeka KS 66612. KMS membership includes a one-year subscription for which $15 is allocated from each member's dues. Rates to others: $45/yr domestic; $50/yr foreign. Printed by The Ovid Bell Press, Inc., Fulton MO. Second class postage paid at Topeka KS and at additional mailing offices. POSTMASTER: Send address changes to KANSAS MEDICINE, 623 W. 10th Avenue, Topeka KS 66612.

Indexed in *Hospital Literature Index* and *Index Medicus*. Available through University Microfilms. Listed in *CC/Clinical Practice*. Search Resource for Institute for Medical Information, Inc., and Medical Search, Inc.

Copyright 1994 by the Kansas Medical Society. Permission to reproduce materials published herein must be obtained from KANSAS MEDICINE and the author(s). Although effort is made to publish only accurate articles and legitimate advertisements, KANSAS MEDICINE denies legal responsibility for statements, opinions or advertisements appearing under the names of contributors or concerns. Address all correspondence to: KANSAS MEDICINE, 623 W. 10th Avenue, Topeka KS 66612.



ABOUT OUR LOGO

In January 1935, a new logo appeared on the cover of KANSAS MEDICINE for the first time. This device represents two stethoscopes: the original monaural type as used by Läennec, and the modern binaural variety. The logo was designed expressly for KANSAS MEDICINE by renowned graphic designer Bradbury Thompson, a native of Topeka and friend of two former editors of the journal, Dr. W.M. Mills and Dr. Lucien Pyle. As another former editor, Dr. Orville R. Clark, wrote in January 1955, the logo "has become as much a part of the journal as any of the features on the inside and is something which is ours alone."

As spring approaches and we see new life springing up before our eyes from the sleeping earth, our cover features the work of an artist new to KANSAS MEDICINE, Stephen J. Miner.

Mr. Miner is a Wichita artist who graduated cum laude from W.S.U. in 1983, with a degree in fine arts (painting). He has had numerous exhibitions in Wichita and surrounding cities, and in Oklahoma. He utilizes many techniques to try to blend exact representation and free expression. In his words, "I am not content on merely imitating nature, but more elusively to capture the spirit as well as the form. . . . What the Chinese call Ch'i is the vital force in nature, a dynamic breath of life which cannot be measured or really described in words, but which 'surrounds man as water surrounds a fish.' "

The apple blossoms adorning our cover are a tribute to the most valuable fruit that grows on trees. The apple is the most widely grown of any fruit and perhaps one of the most nutritious. Besides providing the body with needed minerals and being rich in vitamins, it helps digestion by providing pectin and helps to cleanse the mouth and teeth. It is the main ingredient in that most American of all desserts: the apple pie.

Besides being good and good for us, the apple is an instructional aid in learning the alphabet and the source of pleasure in bobbing for apples on Halloween, biting the apple on a string or competing in the old apple race (pushing an apple across the floor using one's nose).

We hope the old adage "An apple a day keeps the doctor away" will not deter any of our readers from enjoying the interesting contents of this issue of KANSAS MEDICINE!

THE FRANCIS A. COUNTWAY
LIBRARY OF MEDICINE
BOSTON, MA
APR 2 9 1994

Quo Vadis?



Health care reform is the hot topic on everyone's mind these days. Broadcast news reports, magazine and newspaper articles, talk shows and general conversations are filled with the various plans and analysis of what they contain and don't contain. Will there be universal coverage or universal access? Will there be a single-payor system, or multiple competing insurors? What will the basic benefit package cover? How will the plan be financed? Will there be free choice of physician? Will the plan consist of a big governmental bureaucracy like Medicare and Medicaid, or will there be more private involvement? Will the program be voluntary or mandatory? These are good questions, and as the debate is waged (we hope in good faith and with honest, selfless motives), the truth may emerge. At this point, there are no certain answers.

On the national scene, the Clinton Plan is the one most discussed. As presented, it would create a bureaucracy with the government in control of all aspects of health care. President Clinton has mentioned both Germany and Canada as models on which to base his plan. In an editorial in early February, the *Wall Street Journal* reviewed the German system, which has had problems, and in its last paragraph urged the government to take a serious and studied look at the German system again before recommending it as a model. This issue of KANSAS MEDICINE contains an article by Dr. John D. Moffat, a Canadian surgeon who recently emigrated to Liberal, Kansas. He is most familiar with the Canadian system, and his thoughtful and knowledgeable analysis presents a graphic picture of that system and what might lie in store for America if a similar system were adopted here.

Even the Democratic party is divided on the President's plan. Sen. Daniel Patrick Moynihan, Chairman of the Senate Finance Committee, which will handle the bill, stated on *Meet the Press* that there is no health care crisis, but there is a welfare crisis. He intimated that he might hold up the health care reform legislation until meaningful welfare legislation is proposed. He also characterized the financing method for the Clinton plan as "pure fantasy." The Congressional Budget Office also dealt the plan a blow by designating the "premiums" as taxes and stating that the expenditures could not be taken off the budget.

Dan Goodgame, a bureau chief for *Time* magazine, in answer to a health care reform question on the television program *Equal Time*, said, "If the window is broken, you don't tear down the house, you fix the window." It is apparent that there will be a good deal of debate before anything solid emerges.

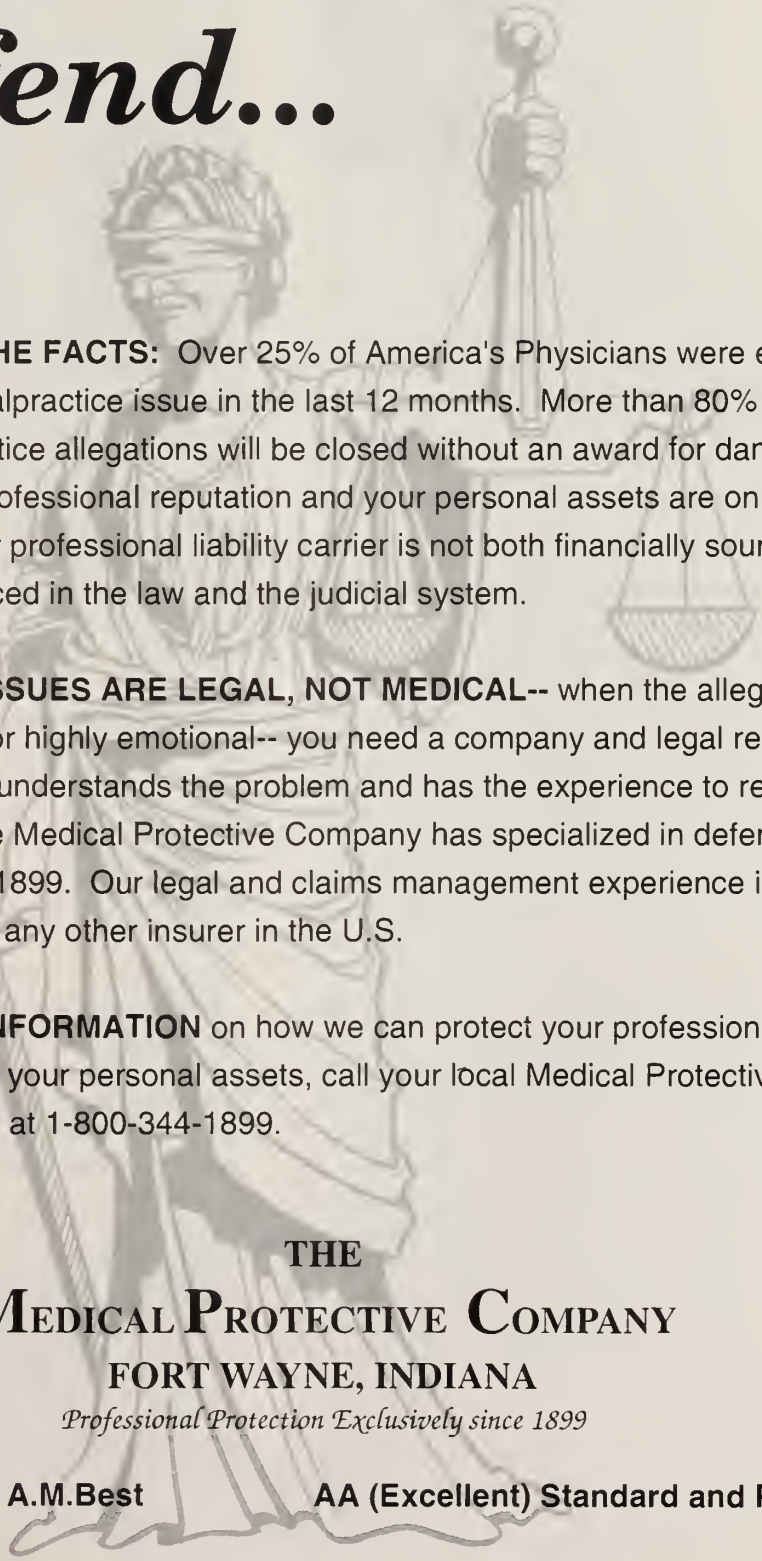
In Kansas, the "403" Commission (the Kansas Commission on the Future of Health Care), chaired by Dr. Bill Roy, has tendered its report to the Governor and the Legislature's Joint Committee on Health Care Decisions for the '90s. It resembles the Clinton plan in several ways. It too calls for a politically appointed full-time board that would have great power — possibly even dictatorial power — over health care in Kansas. In this issue of KANSAS MEDICINE, Dr. Roy gives the details of the 403 Commission's findings. I would urge all physicians to obtain a copy of the 403 Commission's report and read it along with Dr. Roy's article.

Three issues not addressed by either the Clinton plan or the 403 Commission's report are tort reform; relaxation of the antitrust laws to allow joint ventures; and reduction of administrative paperwork, which now accounts for 25% of administrative costs. These plans might even result in more paperwork.

I would urge all physicians to familiarize themselves with the national and local health care reform bills. Your patients will be asking for your opinions and thoughts. They are being snowed under by conflicting information. At least they still trust us to tell them the truth, and we owe it to them to tell them how they will be affected by the proposed changes. We also have to know how these changes will affect the practice of medicine and the care we are able to render. I know of no physician who opposes reform of the system, but we should not throw the baby out with the bathwater!

Quo vadis? No one can predict what will be the end point, but for Kansans it will probably be "Ad Astra per Aspera." W.E.M.

...a promise to defend...



HERE ARE THE FACTS: Over 25% of America's Physicians were embroiled in a malpractice issue in the last 12 months. More than 80% of those malpractice allegations will be closed without an award for damages. Your professional reputation and your personal assets are on the line when your professional liability carrier is not both financially sound *and* experienced in the law and the judicial system.

WHEN THE ISSUES ARE LEGAL, NOT MEDICAL-- when the allegations are frivolous, or highly emotional-- you need a company and legal representation that understands the problem and has the experience to resolve the issue. The Medical Protective Company has specialized in defending doctors since 1899. Our legal and claims management experience is unmatched by any other insurer in the U.S.

FOR MORE INFORMATION on how we can protect your professional reputation and your personal assets, call your local Medical Protective General Agent at 1-800-344-1899.

THE

MEDICAL PROTECTIVE COMPANY

FORT WAYNE, INDIANA

Professional Protection Exclusively since 1899

A+ (Superior) A.M.Best **AA (Excellent) Standard and Poor's**

PRESIDENT'S MESSAGE

The State of the Kansas Medical Society



As this is the time of year for "state of . . ." messages, here is one for the Kansas Medical Society. We will integrate the national and state health care reform picture into this analysis, as well as the medical society's plans for a statewide physician network.

First we must note our superb staff in Topeka, without whom not only my job but the entire KMS operation would flounder. We report with great sadness for us — but great pleasure for Val Braun — that she has completed her tenure at KMS and is beginning what we hope will be a long and enjoyable retirement. We wish her all the best. And of course Jerry Slaughter continues his superb leadership, entering his 21st year at our helm.

On February 19, at the Executive Committee meeting, Cost Management Technologies delivered its report for the statewide physician network. This proposal covers marketing, delivery system, organization and management structure, and financing considerations — in short, a foundation upon which to build. On March 16, the report will be presented to the Future Task Force for its recommendation on whether to proceed.

I commend the 1993 House of Delegates, which established the Future Task Force and charged it with the task of looking into a statewide physician network. This forward-looking move should not only allow all KMS members across the state to work together for our special interest of quality care for our patients, but also help us to regain and *maintain* control of the delivery of medical care, rather than abdicating to bureaucrats, corporations and cost-obsessed accountants. This will cement physicians across the state, irrespective of specialty or location, into a cohesive force that no amount of political "cherry-picking" will be able to divide and conquer. This network may be our only chance to come together, as *physicians*, and develop a delivery system that is patient-centered, cost-effective and physician-friendly.

With the Kansas Legislature in full swing, none of us (especially Jerry and Chip) can rest comfortably. The "403" Commission, under the leadership of Dr. Bill Roy, introduced its expected "single-payor" bill. Health and Environment Secretary Robert Harder introduced another bill, somewhat more moderate (though still bureaucratic). Neither is expected to be enacted, but watchful waiting is mandatory. Many other bills of interest to our members are in various stages. If you have questions regarding any of these, please refer to the *KMS Legislative Bulletin* or call the KMS office, 913-235-2383 or 800-332-0156.

Although President and Mrs. Clinton seem to be stalled on their proposed Health Security Act (HSA), the political ball remains in their court. The President and the First Lady continue to speak before many groups and extol the parts of the plan that appeal to each group's special interest. For example, prescription drugs and long-term care are promised for the elderly; early retirees' health care benefits, assumed by the government, are dangled in front of big business; and the all-inclusive nature of the benefits package and federal control of scope of practice are touted to ancillary provider groups.

It is clear, as the President has said, that all is negotiable — except universal coverage. (Interestingly, even Hawaii's "universal" medical care plan still leaves 6 to 8 percent of Hawaii's citizens uncovered.) No one has been able to provide details on how any of the "universal coverage" proposals would cover the many persons on the fringes of our society: homeless, excluded, aliens, unemployed. Even the IRS seems unable to find millions of us each year!

These remain exceptionally exciting times for medicine. The artificially contrived crisis atmosphere, both across our state and across the nation, seems to be the product of those bureaucrats who wish to impose martial law on the health care system and manage it bureaucratically. Let us continue to remind our legislators, patients and friends that ours is the greatest medical care system the world has ever known. Patients from around the globe come to the U.S. for treatment. Researchers and physicians from everywhere else come here to study and be trained.

Let us not allow the destruction of this superb system of care. Let us, by standing together, correct its problems and build an even better system.

Arthur D. Snow, Jr., M.D.

Necessity of Physician's Signature on Hospital Medical Records

WAYNE T. STRATTON, J.D.,* *Topeka*



Kansas regulations require that all medical orders be given by a physician and recorded in accordance with medical staff rules and regulations, per K.A.R. 28-34-6(g). Another requirement is that all orders must be signed or initialed by the attending physician. In addition, regulations require that each entry into medical records be dated and authenticated by the person making the entry. Authentication of orders must be done within 24 hours, per K.A.R. 28-34-9a(f).

Intending no offense to those in the medical profession, especially since many attorneys are also guilty of having illegible handwriting, it is no surprise that dictaphones and electronic record-keeping have become prevalent methods for helping to keep medical records. Today, since many records are generated by computerized patient record systems, it may be more difficult to obtain the physician's signature for authentication of the record.

Currently some systems rely on auto-authentication. Under computerized record systems, physicians must review and correct transcripts from dictation within a specified time frame. If no corrections are made within that time, the record is "complete," and therefore auto-authenticated.

The Health Care Financing Administration (HCFA) and the Joint Commission on the Accreditation of Health Care Organizations (JCAHO) are both concerned about auto-authentication because it merges authentication and authorship. The organizations state that two steps are needed when dealing with transcribed material: authorship, which is the actual dictation; and authentication, in which the physician has a chance to review the material and add to it or make corrections, thereby insuring an accurate record.

Because dictated records may contain inaccurate information due to typographical errors or the transcriptionist's inability to understand what is being said on the tape, manual authentication to insure that the medical records are accurate and complete would insure proper patient care.

Of special concern when dealing with authentication is the requirement for hospitals participating in the Medicare program. Federal regulations require providers to mandate that medical records be accurate, promptly completed, filed, retained and easily accessible (42 C.F.R., 428.24). All medical record entries must be legible, complete and promptly dated and authenticated by the person responsible for ordering, providing or evaluating the provider's service.

Furthermore, HCFA has expanded upon the authentication requirements, specifically addressing the auto-authentication issue as to Medicare providers. HCFA recently stated that "failure to obtain a physician's signature with respect to the record in its final form constitute[s] a deficiency for the hospital requirement governing the authentication of medical records."

It is not impossible to visualize a situation in which an injured plaintiff claims that the injury occurred because of an erroneously recorded order. Under such circumstances, the requirements of regulatory law and the JCAHO and Medicare standards may be admissible as evidence of the standard of care. To avoid this potential liability, physicians are urged to read and sign such orders.

*KMS Legal Counsel.

Comments appearing herein are not intended as a substitute for legal analysis or advice. Answers to legal questions depend largely upon the particular facts of a case. The reader is urged to consult an attorney for answers to specific legal questions.

These comments do not necessarily represent the views of KANSAS MEDICINE, or the Kansas Medical Society. For further information, contact Mr. Stratton, 515 S. Kansas, Topeka, KS 66603.

Doctors' Day: March 30, 1994



Dear Physicians of Kansas,

KMSA Doctors' Day chairman is Susan Concannon, from Beloit. Her husband, Craig, practices internal medicine. The following information, though the tale of only one physician, speaks as a tribute to all. We, as spouses of physicians, celebrate you this day with love and pride. I hope you enjoy this information gathered by Susan.

Cathy Wilcox

Doctors' Day will be celebrated nationwide on March 30. This annual observance gives each community an opportunity to show appreciation to you — their physicians. March 30 has been the date since 1933, when Doctors' Day was originated by Eudora Brown Almond, of Georgia. This date was chosen to honor the historic first use of ether as an anesthetic by Crawford W. Long, M.D., on March 30, 1842. With this in mind, I thought it would be appropriate to share with you a tribute to Dr. Charles W. Long, excerpted from a Southern Medical Association Auxiliary handbook on Doctors' Day:

"Crawford Williamson Long was born in Danielsville, Georgia, November 1, 1815. He studied medicine at the Transylvania University at Lexington, Kentucky, but after two years, transferred to the University of Pennsylvania at Philadelphia, from which he was graduated in 1839. It was during his early college days in Philadelphia that Crawford Long first learned of the exhilarating and soporific effects of nitrous oxide gas and ether. To further perfect himself after graduating, he spent eighteen months in New York hospitals where he witnessed great suffering in surgical operations without successful efforts to relieve pain. There is no doubt but that this influenced his desire to discover a means of alleviating this agony. In 1841 Dr. Long located in Jefferson, Georgia, which was a larger place than his home town of Danielsville. . . .

"Lacking present day methods of entertainment, 'laughing gas' parties were quite fashionable in the early 1800s. The inhalation of ether for its exhilarating effects became very popular with young men and women in many parts of the country. Crawford Long noticed that while under its influence, a person would receive falls or blows, yet have no pain from these accidents or remember their happening. He experimented on himself with the inhalation of sulphuric ether and discovered bruises and painful spots on his person which he had no recollection of causing. He became convinced that a person would become insensible to pain during surgery if sufficiently etherized. . . .

"On March 30, 1842, . . . in the presence of several medical students and other young men, sulphuric ether on a towel was administered to the patient, 21-year-old James Venable, for the removal of a tumor on the back of his neck. He inhaled the ether during the entire time of the operation. Having experienced not the slightest degree of pain, Mr. Venable was incredulous, and only when shown the half-inch in diameter cyst did he believe the tumor had been removed. . . .

"While he made no secret of what he had done and spoke freely of it wherever he went, it was nearly seven years after this history-making event before Crawford Long informed the medical profession of his findings of the use of ether as an anesthetic agent in surgery. During these years, he continued to cautiously experiment with ether as surgical cases occurred, with the view of fully testing its anesthetic powers. Dr. Long was an honor to the profession. His reticence of fame, his fine character and ethical conduct justified the very high esteem in which he was held by his colleagues."

Statue (right) of Dr. Crawford Long, in U.S. Capitol. Drawing reproduced by permission of American Society of Anesthesiologists.



Information for Authors

Manuscripts must be typewritten, double-spaced, leaving wide margins. The original plus one copy should be submitted. Manuscripts are received with the explicit understanding that they are not simultaneously under consideration by any other publication. Publication elsewhere may be subsequently authorized at the discretion of the editor.

Brief, concise **articles** are preferred; an ideal manuscript will not exceed five double-spaced pages. All material will be edited by the editorial staff to assure clarity, good grammar and appropriate language, and to conform to KANSAS MEDICINE style and format. When feasible, material may be condensed.

The author will be asked to review the **galley proof** prior to publication. Although editing and proofreading will be done with care, the author is responsible for accuracy of material published. The galley proof is for correction of ERRORS; rewriting of material *must* be done prior to submission. Authors are urged to check manuscripts and galley proof carefully for errors that could result in inaccurate information.

Drugs should be referred to by generic names; trade names may follow in parentheses if useful. All **units of measure** must be given in the metric system.

KANSAS MEDICINE will print a maximum of **ten references.** All references should be keyed with superscripts in the text in the order cited. If more than ten sources are cited, readers will be referred to the author for the complete list.

Illustrative material must be identified by its referral number in the text and be accompanied by a short legend. **Photos** should be black-and-white glossy prints. **Tables** should be self-explanatory and should supplement, not duplicate, the text.

KANSAS MEDICINE will assume the cost of black-and-white figures and tables for two units. A unit is defined as ¼ page. The author(s) will be billed for additional units at cost.

A **reprint** order form with a table showing estimated cost will be sent with the galley proof. Reprints must be ordered by the author through KANSAS MEDICINE, and will be billed to the author following shipment.

Henry O. Marsh, M.D.: A Remembrance

J. MARK MELHORN, M.D.,* *Wichita*

Dr. H. O. Marsh, who died in Wichita on July 12, 1993, will be remembered by many people for many things, including his smile, his energy and his characteristic bow tie. On the professional level, he will be remembered for his pioneering work in orthopedic surgery, and for the rigorous training he gave some 100 residents at the St. Francis Regional Medical Center Orthopaedic Residency Program in Wichita.

I first met Dr. Marsh in March 1980, while interviewing for this program. During the interview, I was grilled about every detail of my 300-word, hand-written autobiography. (The autobiography was one of many requirements for becoming an H. O. Marsh–trained orthopaedist.) During my interview, Dr. Marsh laid out his plan for my residency training and discussed his expectations of my performance, which clearly included tolerating nothing but the best I had to offer.

In his "Introduction Lecture," given on the first Friday of the new residents' first year, Dr. Marsh imparted in more detail his rules, guidelines and expectations, leavened with a little dry humor. These included:

- A warning regarding poor performance;
- His definition of "on time" (five minutes ahead of schedule);
- The concept that jobs assigned to you were your jobs until completed;
- The admonition that "I don't know" was not acceptable;
- Notice that his quotation of an article by journal or date meant we had to produce the article within 24 hours.

Most first-year residents left the lecture wondering if they could meet these stringent requirements, and fearing possible failure. Most fifth-year residents, on the other hand, had developed an air of confidence, having already been tested, and felt ready for their last year of growth under Dr. Marsh's supervision.

I was assigned to Dr. Marsh's service for my first three-month rotation in the residency program. Now, having long since survived that initial fear of failure, I look back on those months with warmth and appreciation. The first-year resident was nurtured and pampered by Dr. Marsh, whose questions were designed to motivate — and whose reinforcement was quick.

The fifth-year resident, despite his acquired confidence, might not fare so well. Every question was designed to probe for weakness or lack of understanding or commitment. At that stage, he was expected to be decisive. If Dr. Marsh felt a resident lacked commitment, was bluffing or seemed uncertain, that resident was bird bait. Dr. Marsh would say, "Who is going to hold your hand when you are in the operating room, by yourself, in a small town in Kansas? You have to be able to make decisions and act on them."

George Lucas, M.D., Dr. Marsh's successor as chairman of the Section of Orthopedics, Department of Surgery, at the University of Kansas Medical School-Wichita, recalled, "Dr. Marsh set a very high standard for himself in terms of a work ethic, and he expected no less from his residents. Although the residents probably felt that he was a stern taskmaster, I'm sure that most of them appreciated the development of good work habits in their later careers."

Teaching was at the core of Dr. Marsh's professional career, and the graduation of good orthopaedic physicians was his source of pride. During surgeries, he would speak warmly about former residents he had seen at meetings. I could sense a fatherly pride as he talked about "his boys." (At that time, there were no "girls" in the program.) He seemed to feel this same sense of accomplishment when a resident would mention a new technique or theory that Dr. Marsh had not yet read about.

In fact, in an August 1987 interview published by the Fabrique Society, Dr. Marsh said the most gratifying aspect of his career was meeting former residents out in practice. "They tell me how good

*Address correspondence to Dr. Melhorn at The Hand Center, 625 N. Carriage Parkway, Suite 125, Wichita, Kansas 67208.

The author wishes to express his appreciation to Peggy Gardner, Ph.D., St. Francis Regional Medical Center; the St. Francis Department of Public Relations; and the Fabrique Society, Physician Alumni Association, St. Francis Regional Medical Center.

their training was, and how they feel better able to practice than people from, shall we say, more prestigious places," he said. "And one other gratifying thing is the contact with bright young physicians whom I educate, and who also educate me."

I soon came to realize that for Dr. Marsh, the patient came first, the resident came second, hunting birds came third, and the other aspects of his life came fourth.

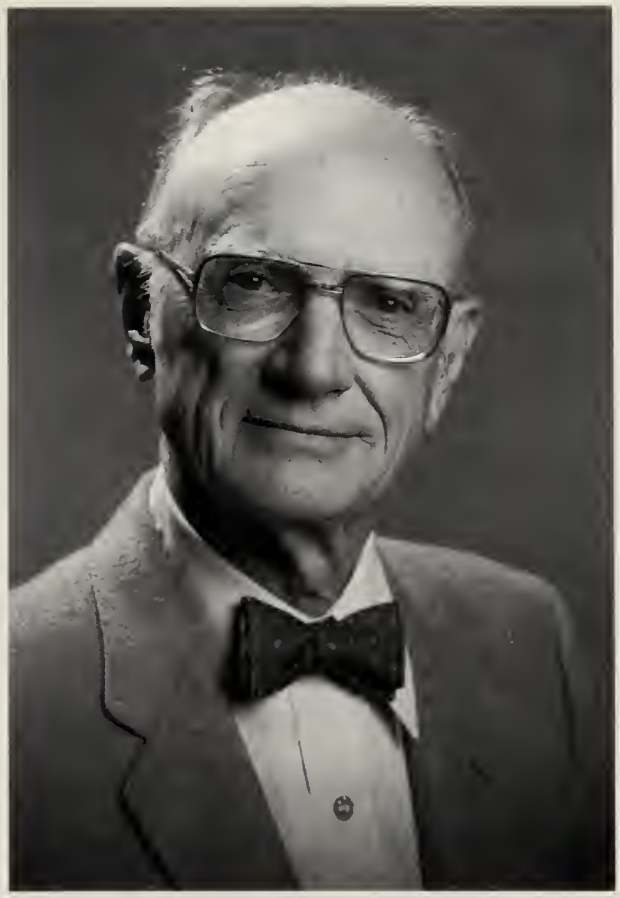
Henry Oakes Marsh was born in Maywood, Illinois, on February 17, 1918. He received his M.D. degree at the University of Illinois College of Medicine in 1943, followed by postgraduate work at Tulane University College of Medicine, an internship at Cook County Hospital in Chicago and service as an Army major during World War II.

Orthopaedic surgery was in its beginning stages when two of the leading orthopaedists in this region, Drs. Charles Rombold and H. O. Anderson, recruited Dr. Marsh to St. Francis Hospital as a preceptor in 1947. Two years later, Dr. John F. Lance followed as the second preceptor. Performing orthopaedic surgery was an arduous task in the late 1940s. Hip fractures were treated with hip nailing. The "blind" procedure was done with the help of x-rays. A technician would take an x-ray from surgery down the hall on the third floor to the elevator, ride with it to the first floor, run down another hall to the laboratory, develop the film in about five minutes and run back up to surgery. If the x-ray showed the pin was not in the proper place, the procedure was repeated.

One day when the air conditioning system was not functioning, I made a comment about the temperature, and Dr. Marsh related a story about conditions when he started working. There wasn't any air conditioning then and, on hot days when the windows were open, flies could frequently be found in the operating room. I got the hint and didn't complain about the temperature — or sterile technique — again.

Dr. Marsh gained insight into orthopaedics during the 1950s, as the attending physician for most of the polio patients at St. Francis. During the peak of the epidemic in 1952, he treated more than 400 patients.

In 1960, Dr. Marsh became chief training officer for orthopaedics. At that time, the three-year program offered only 13 lectures a year. Under Dr. Marsh's direction, the program grew to a five-year residency affiliated with other medical centers as well.



Henry O. Marsh, M.D.

With the 1970s came the arrival of total joint surgery, just one of many breakthroughs Dr. Marsh experienced in his distinguished career. In 1987 Dr. Marsh said of the improvements in the field, "In 30 years, we'll probably look backward and say how crude our efforts were, but now we think we're very sophisticated!"

In 1982, the Mid-Central States Orthopaedics Society established four grant awards for scholarly research papers presented by orthopaedic residents. In 1987, Dr. Marsh and Dr. David McQueen (one of his previous "boys") were instrumental in establishing the Orthopaedic Research Institute at St. Francis. The ORI was founded to offer research opportunities for residents and to be a comprehensive resource program for physicians across the nation.

Dr. Marsh received many honors during his long career. He was the Fabrique Society 1987 Alumnus of the Year, a diplomate of the American Board of Orthopedic Surgery, a member of the American Academy of Orthopaedic Surgeons,

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatic. It may have activity as an aphrodisiac.

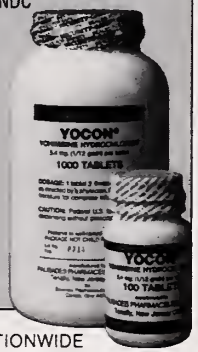
Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.



References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85

AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
64 North Summit Street
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

and professor emeritus and chair of orthopaedics at the University of Kansas School of Medicine-Wichita. He retired as program director of the Orthopaedic Residency Program in December 1988, but remained involved with the program until 1992. He served as orthopaedic consultant to the V.A. Medical Center until August 1992. The H. O. Marsh Education Fund, a part of the St. Francis Foundation, was established by Dr. Marsh in 1989 for the benefit of the Orthopaedic Residency Program.

Joseph C. Meek, M.D., Dean of the University of Kansas Medical School-Wichita, characterizes Dr. Marsh as "an outstanding medical educator who is well remembered for his support of the development of the clinical campus of the University of Kansas in Wichita. Prior to the development of this campus," Dr. Meek observed, "he had established a residency program in orthopedic surgery that had attained national recognition. The Section of Orthopedic Surgery became a vital part of the Department of Surgery as the clinical campus developed. Subsequently, the medical students received valuable educational rotations in orthopedic surgery, and the faculty and residents in the orthopedic program rapidly became an asset to the University of Kansas School of Medicine. Dr. Marsh displayed a commitment to medical education in the Wichita community that will be long remembered."

Dr. Marsh's effect on the field of orthopaedic surgery is difficult to measure, but can be easily grasped by considering the impact that his 100 orthopaedic residents continue to have on their patients, their colleagues and their students.

SPECIAL FEATURE

The Canadian Health Care System: From Masterpiece to Mess

JOHN D. MOFFAT, M.D.,* *Liberal*

The growing interest in health care reform has spawned a number of plans, some of which bear more than a passing resemblance to the Canadian health care system. As a recent refugee from the Canadian Universal Care System, I follow the proceedings, both nationwide and here in Kansas, with considerable interest. Central to each plan is cost containment. This is an incredibly difficult problem in a world of burgeoning technology, rising expectations and aging populations.

This combination of guaranteed universal care without full appreciation of the implications of such a system has led to the progressive downfall of the Canadian health care system. The result is restricted access to health care and a shortage of new technology. A brief narrative report on the rise and fall of the Canadian system may therefore be of interest to physicians here in the United States.

How the System Is Funded

Canada's health care system is premised on universal access, with no restriction to medical care on the basis of ability to pay. This noble undertaking began more than 30 years ago, and over a period of years spread to the entire country. But the once-brilliant scheme is crumbling, and what was once a masterpiece is now a mess. Why did this happen?

Canada's mistake was thinking that health care could be supported completely by taxation, and efficiently government-administered (is that possible?), without the critical ingredient of individual patient fiscal responsibility. Canadian patients never see a bill. We are now seeing a third generation in which most Canadians have no concept of the cost or value of good health care. Ask the average Canadian if automobile or housing prices have increased over the past 20 years, and he or she could quote specific figures. Ask that same person the cost of anything medically related, such as an emergency room visit or a CT scan, and they will be unable to answer.

Canada supports health care with taxes, plus employer contributions. Canada is the highest-taxed country of all G7 nations. Employer contributions amount to 2% of gross (not net) revenues, including self-employed individuals. The top marginal tax rate approximates 57%, along with a federal sales tax on all goods and services of 7%. In Ontario, traditionally the richest province, there is a provincial sales tax on all goods, meals, etc., of 8%. A surtax "on all higher income earners" of 20% is added to the provincial income tax. Total taxes in Ontario thus exceed 70% of all taxable income.

Despite all the revenues generated, Ontario this year had a projected $18 billion deficit. Health care expenditures account for one-third of all provincial expenditures, translating into $6 billion of deficit funding in the Ontario health care system — all of this for a population of 8 million people.

Health Care Delivery

A brief description of the Canadian health care delivery system is needed to comprehend the faults that are leading to its downfall. Hospitals are funded "globally," based on historical data. Simply put, an envelope of money arrives annually to cover all hospital expenses. The government plan does not receive, nor does it pay, itemized expenses for in-hospital care. As you can imagine, this funding becomes subject to manipulation by government agencies and funding increases are chronically less than the rate of inflation. Fewer than 10% of all Ontario's hospitals actually balanced their budgets last year. This has led to drastic cuts in services and restricted technology. Most reductions have occurred in the most expensive area of hospital care, that of inpatient services. Despite occupancy rates in most hospitals surpassing 90%, entire wards are being closed to reduce the costs of staffing and supplies.

*General, peripheral vascular and endoscopic pancreaticobiliary tract surgeon, Liberal.

Address correspondence to Dr. Moffat at Southwest Medical Center, P.O. Box 6007, Liberal, Kansas 67905.

What Went Wrong

My 12 years working as a surgeon within this system gave me special insights into its frailties, not seen by most Canadians, and certainly not admitted to by politicians.

The Canadian people, through no fault of their own, have allowed this to happen by being lulled into a false sense of security with regard to their health care delivery system. This situation has arisen not from malicious misuse of the system, but mainly from ignorance. It has been fostered by politicians who have failed to admit that the delivery of "free" health care is financially impossible. Those politicians find it in their best personal interests to continue to direct the blame away from the system itself, and away from the participants in the system (voters), towards physicians — who are now being labeled as the perpetrators of the demise of the Canadian health care system.

One very significant difference between Canadians and Americans is that Canadians have been "conditioned" over the past two generations to wait to receive health care. In fact, anecdotes recounting long delays abound within the system. These two examples might be worthwhile:

- Waiting lists for critical coronary bypass surgery often exceed three to six months. Hip replacements often are booked six months to two years in advance, depending on locale. The delay for cataract surgery in the center where I recently practiced was approaching 18 months. Access to technology is also restricted. Bookings for magnetic resonance scanning are often made four to six months in advance as an outpatient, and frequently as long as four weeks as an inpatient. Areas of high expense, such as operating rooms, are frequently arbitrarily closed for weeks and sometimes months at a time in order to make an attempt to balance budgets within the hospital sector.
- University Hospital in London, Ontario, once a brilliant teaching research and transplant hospital where I trained, has closed more than 15% of its beds, despite waits for some procedures approaching years rather than months. This particular hospital has been unable to buy new equipment for the past four years, due to budgetary restraints. Once-powerful teaching institutions such as this, which underpin the entire medical delivery system in Canada, are being reduced to mere shadows of their former selves.

Canadian physicians have not only found themselves in a position of blame, but have also been mandated by both federal and provincial governments to be the "gatekeepers" of this system, deciding who should receive what level of care. To most of us who have trained in the medical field, that was certainly never our intent. Having been faced with these alternatives, my choice was to leave my country of birth, my friends, my family, and my very busy surgical practice.

Attempts to Clean Up the Mess

Interestingly, in Ontario within the last two years, the government has finally realized the severity of the situation, and as a final desperate attempt to shore up health care delivery, premiums are now geared to income for self-employed individuals. Two percent of gross income (not net) has been designated as a health care tax. This is already in light of the previously mentioned taxes. The Canadian federal government treats this as a non-deductible expense, incurred at the provincial level, and therefore not tax-deductible.

Higher premiums are now being paid into this "universal" health care system by high-income earners for the same mediocre level of access as the indigent and the poor receive.

There is an old adage I have found to hold true in medicine. If you think you have a new idea or a critical breakthrough, you are wise to check the literature first. America has only to look north to realize that Canada has had 30 years of socialized medicine, the system is failing, and the future looks grim.

Is there room for improvement in the American system? Definitely yes. Should Americans attempt to emulate the system that is presently functioning (or failing) in Canada? A resounding no!

The Kansas Specific Health Plan

BILL ROY, M.D.,* *Topeka*

Perhaps you have heard of the Kansas Specific Health Plan, which was presented to the Governor and Legislature in January by the Kansas Commission on the Future of Health Care, Inc. If you have heard of the plan, you probably have heard it characterized in many ways. This short article is an attempt to answer some of the questions I would expect practicing physicians to have, namely: who is the Commission, what was the process, and what are the provisions of the plan? Doctors will also ask: is it good for me, and is it good for my patients and my state? And even if it is good for all of us, is it feasible?

Who Is the Commission?

Eleven Kansans (four women and seven men), an executive director and a secretary. Seven of the commissioners were appointed by the Governor from three nominees of organizations named by the 1991 law that created the commission. The other four were appointed by the majority and minority leaders of the Kansas House and Senate.

Seven of the 11 commissioners are health care professionals, including three physicians, of whom one represents the Kansas Medical Society and another represents the Kansas Association of Osteopathic Medicine.

What Was the Process?

The process was mandated by the legislation. We had 25 general public hearings and 25 more meetings to ascertain the social values of Kansans. We used a small group process and two exercises for this purpose. We had seven meetings last fall to present our final plan to citizen groups.

Because our attendees were self-selected, our samplings were not statistically valid, but we did learn that those attending wanted universal coverage, comprehensive benefits, quality care (which they say they are now receiving), choice of provider and the right to decide their own care. They are willing to give up the right to sue as long as they are assured of quality.

We also learned that four of every five Kansans believe the present system is seriously flawed. This was confirmed by the Kansas poll (83%) commissioned by Blue Cross and Blue Shield, and made public on February 3, and by an earlier Wichita *Eagle* poll.

We met 28 times on a monthly basis and had three additional retreats — about 150 hours — with eight to 11 commissioners present. We also made periodic reports to the Governor and the Legislature's Joint Committee on Health Care Decisions in the '90s. We had hearings, first listening to the Kansas Medical Society, Kansas Hospital Association and Blue Cross and Blue Shield. We then heard or studied the processes and actions of other states seeking state reform, as well as federal reform proposals. We drew up 10 criteria by which to judge health care reform proposals, particularly our own.

In early 1993 we began considerations of a final Kansas plan to be presented to the Governor and Legislature. Draft after draft was considered, and all issues were voted upon by the commissioners present — with due process for those who were absent. As a result, the final plan was the work of all — including Merrill Wertz, representing the Kansas Chamber of Commerce and Industry, and Stan Regier, representing the Kansas Hospital Association, who did not support the final report. Their minority report was included with the majority report.

What Are the Provisions of the Plan?

While the commission spent several meetings discussing financing and benefits, and presented examples of each, we concluded that the financing of the system and standard benefits must be federally mandated in a universal system.

The commission does support an individual mandate similar to that in the U.S. House and Senate Republican plans. We conclude it is desirable to decouple payment from employment for reasons of choice of provider, portability of benefits, and potential undue burdens on small em-

*Chairman of the Kansas Commission on the Future of Health Care, Inc.

Address correspondence to Dr. Roy at 6137 SW 38th Terrace, Topeka, Kansas 66610-1307.

ployers. We also realize that with individual mandate there are problems of compliance by everyone and maintenance of present employer contributions.

The commission supports patient copayments (varied by ability to pay) in order to diminish overutilization, raise money, and improve compliance based on value for value.

The commission concluded that with or without global budgets or premium caps, budgets will be squeezed by adding the uninsured and by continuing technologic advances. For these reasons, the maximum number of dollars possible should be made available to physicians and other providers for patient care. This means spending as few dollars as possible for administrative costs which are the result of public or private regulations.

The commission recognizes that the health care decision maker is the party at financial risk. Doctors are more and more practicing insurance rather than practicing medicine.

The commission plan restores free choice of provider to care-seekers and clinical autonomy to physicians and other providers. It accomplishes this by direct payment of providers and placing providers at financial risk (which may be limited by coinsurance or reinsurance) so they can make medical decisions within the resources available.

Direct payment can be made by corporate alliances and regional alliances as proposed by the Clintons, or by health care purchasing cooperatives. There may be many payors; there may be a single payor. However, the commission decided (as the Kansas Employers Coalition of Health, and as far as I know, every other Kansas group that has looked at it has decided) that Kansas needs only one health alliance.

Health care reform is a moving target. Health care purchasing cooperatives may be the future purchasers, and there may not be mandatory alliances. However, this does not change the potential great financial and clinical benefits from direct payment of providers versus paying insurance companies to organize, discipline and pay providers.

Doctors may be paid on a fee-for-service or a capitation basis. Payment by capitation requires organized health care groups, preferably HPOs (health care provider organizations), whereby physicians, hospitals and other providers receive the capitation payment and accept the responsibility to deliver the benefits prescribed.

Such HPOs or health service networks (an American Hospital Association term) must have financial stability, as well as the clinical resources to provide the services. These criteria would be subject to state regulation, but nearly all other decisions can and should be made internally, without any public or private body being prescriptive about such decisions.

The controlling principle of the Kansas Specific Health Plan is direct payment of providers, rather than the payment of insurers to pay providers. This principle is based on the immutable fact that whoever is at financial risk will make the clinical decisions. The plan is not an insurance model. It makes no difference how many primary payers there are; it *does* make a difference what they do, i.e., how they pay providers.

Is It Good for Me, the Practicing Physician?

The financial results would not be the same for each physician, even though total payments to physicians would be maximized because more dollars for medical care would be available.

The Kansas Specific Health Care Plan gives physicians the chance to have patients again, rather than insurance companies and employers having patients whom they channel to physicians based primarily on financial considerations.

It gives physicians the chance to recover clinical autonomy, rather than be told by third parties who are at financial risk what services to provide, where to provide them, and with whom to consult. Sadly, this may no longer be important to physicians who have become inured to practicing insurance rather than medicine.

Personal care physicians would probably fare best because patients would have their choice of physicians. If local community health service networks become dominant, supply and demand may pace physicians in overstocked specialties at some risk. Also, physicians who have been especially skilled at consorting with the insurance companies may lose their administrative, political and financial dominance.

If 95 to 98 cents out of the dollar go to medical care, rather than 75 to 90 cents under the insurance model, how can physicians and their patients fail to benefit?

Is It Good for My Patients?

Yes, because patients will again be able to choose their own physician, and medical decisions again will be made by the patient and his or her physician, rather than by some distant insurance company whose prime consideration is their bottom line.

We believe Kansans would choose whether to receive their care from fee-for-service physicians or from one or another local community health service network based on: where their physician practices; their perception of quality; convenience; and the basis of additional benefits which might be offered by an efficient health service network. Total choice, limited only by financial considerations, would be provided by required point of service referral by health service networks.

The system would be competitive (and require minimal regulation) because people could vote with their feet, i.e., go elsewhere, if they do not receive good medical care. It would also be competitive based on efficient health service networks offering additional benefits which would have an actuarial value.

Is It Good for the State?

If Kansas can have the best health care system of the 50 states, it will not only be a good place to live, it will also attract business and industry. We are convinced the quality of each state's health care system will be the result of how well all parties work together.

Is It Feasible?

For the plan to be feasible, any federal law must permit state options. While this appears likely, it is far from certain. However, if there is a state option provision, it will likely permit waivers to include Medicare and ERISA employer programs in the state plan, thus allowing nearly all Kansans to be participants in the state plan. This will be a major benefit to both hospitals and physicians, particularly in rural areas that have many Medicare recipients.

What about insurance company opposition? It will probably not go away because all insurers — even those not in the health insurance business — oppose a narrowing of the insurance base.

But realistically, any arrangement of purchasing cooperatives, which seems the minimum likely to occur, cuts out local insurance agents and brokers. Buyers for large numbers of people in the insurance model will go directly to companies and not to the Yellow Pages to purchase insurance.

Also, managed competition among insurers will quickly put the nation's $1.5 trillion to $2 trillion health care industry into the hands of five to 10 commercial insurers which will be financially at risk and will run the system. There is no Kansas company, with the possible exception of

Three Key Questions Asked by Doctors

Q: *Is the commission's plan a single-payor plan?*

A: The commission's plan is distinguished by the direct payment of providers, rather than the payment of insurance companies to organize, pay and discipline providers. The purpose is to minimize administrative expense and hassle, and to get 95 to 98 cents out of every dollar (versus 75 to 90 cents with the current insurance model) and into the hands of physicians, hospitals and other providers of care to patients.

The commission, consistent with everyone with whom they have conferred, believes the state should have only one health alliance, if federal legislation mandates one or more alliances. But the number of payors is not the question; rather, how they pay providers is the important factor. The state may have multiple voluntary health care purchasing cooperatives and have direct payment of providers.

The commission's recommendation of direct payment of providers (fee-for-service and capitation) is based on the recognition that whoever is at financial risk will make the decisions, including both payment and clinical decisions, in the health care system. This occurs today and is an immutable economic principle. The plan represents an effort to restore clinical autonomy to physicians.

Q: *What legislation is proposed to carry out the commission's plan?*

A: None to specifically implement the plan. The commission believes its state plan cannot be implemented without federal action regarding financing and standard benefits.

Q: *But didn't the commission propose legislation?*

A: Yes. It recommends an entity (council) to perform five primary duties. However, legislation to establish a Kansas Health Council is not an action to implement or even "buy into" the commission's Kansas Specific Health Plan, which was presented to the Governor and Legislature on January 20.

The proposed council is to monitor federal actions and make recommendations for legislation for Kansas to implement a state-specific plan (versus a federal one-size-fits-all plan), if such option is available and deemed to be in the best interests of the state. The council is to review data and report inadequacies to the Legislature; to convene advisory committees; to make recommendations regarding malpractice insurance reform and antitrust reform; to define and prepare to certify local community health service networks which can be paid directly on a capitation basis. And the Legislature may require such other duties as they consider to be in the state's best interest.

We believe the advisory committees are particularly important because if any reform is to be successful there must be a much greater consensus than exists today.



"Ron's Rule—I give myself one week to meet new people and start having fun on a locum tenens assignment. It hasn't failed me yet."

Ron Richmond, MD, joined the CompHealth locum tenens medical staff when he completed his residency. He wanted to travel. He loves to meet people. A little time off sounded really good. And he thinks being exposed to different types of medical practice will serve him well when he returns to his hometown to establish a community health center.

A singer. A board-certified family practitioner. Soft-spoken for a New Yorker. Ron Richmond knows...

It's a great way to practice medicine

CompHealth

LOCUM TENENS

1-800-453-3030

Salt Lake City ■ Atlanta ■ Grand Rapids, Mich.

NATIONAL RURAL HEALTH ASSOCIATION

Building Bridges – Leading the Way

17th Annual National Conference
on Rural Health
May 25–28, 1994
San Francisco, California

For information call:
816-756-3140

Blue Cross and Blue Shield, which can compete. The commission's plan should be politically feasible when the public, physicians and hospitals understand that managed competition — as expressed by the Heritage Foundation — puts all health care in the hands of a few insurance cartels. In sum, the direct payment of physicians, hospitals and other providers, which is the primary concept of the Kansas Commission on the Future of Health Care, Inc. plan, is good for patients, good for doctors, good for our state, and feasible — if there is an in-depth understanding of the stakes by the decision-makers of Kansas.

There is no perfect solution for providing health care to all Americans because inevitably the cost of possible beneficial care will outstrip resources. But Kansans have a unique opportunity to choose the best system possible for themselves and their descendants.

Kansans cannot accomplish much in the health care area without active physician participation and finally active physician support. Physicians again must realize and reassert their preeminence in medical care on behalf of their patients and their state.

CME OPPORTUNITIES

Postgraduate Symposium on Anesthesiology, April 15-17, Kansas City, MO. KU Med Center, 913-588-4488.

Infectious Diseases, April 23, St. Louis. Washington University Sch. of Med., 800-325-9862.

Annual Meeting, American Society of General Surgeons, April 23, Washington, DC. Call 708-998-4570.

Cancer Update 1994 (for family practitioners), April 30, New Orleans. Credits: 4 hrs. AMA category 1. Call Alton Ochsner Medical Foundation, 504-842-3702.

Nat'l. Conf. on Breast Cancer, May 8-13, Palm Springs. Am. Coll. of Radiology.

Peter D. Bohan Lecture, May 6, 1994. Credits: 4 hrs. AMA category 1. Call KU Med Center, 913-588-4488.

Pediatrics Symposium, May 12, Kansas City, KS. Credits to be announced. Call KU Med Center, 913-588-4488.

Transition: Providing Services to Adolescents and Children with Special Health Needs, May 20, Kansas City, KS. Credits: 5.75 hrs. AMA category 1. Call KU Med Center, 913-588-4488.

Rush Symposium on Transplantation: Leflunomide, May 21, Chicago. Rush-Presby.-St. Luke's, 312-942-6242.

Nat'l. Conference on Rural Health, May 25-28, San Francisco. Nat'l. Rural Health Assn. Call for info. on CME credits, 816-756-3140.

Invasive Surgery: Is It Obsolete?, June 8-12, Cleveland. AMA, 91 cat. 1 credits. Int'l. College of Surgeons, 312-787-6274.

...dedicated to managing the costs of operating a medical practice

- allowing physicians to concentrate on the practice of medicine
- offering volume purchasing of forms, paper goods, and office equipment
- developing capacity to offer expert legal advice on contracts, reimbursement, and other legal issues

MSC
MEDICAL SERVICE
CORPORATION

A KaMMCO Company
Sponsored by the Kansas Medical Society

- providing physicians an advocate in areas of purchasing, compliance, and management
- providing practice monitoring, assessment, and complete office management
- acting as a proven advocate for physicians, endeavoring to create a unified voice in medicine

Wichita Office
400 N. Woodlawn, Ste. 106
Wichita, KS 67208
316-681-3425
Fax 316-681-3554

Shawnee Mission Office
8600 Shawnee Mission Pkwy., Ste. 305
Shawnee Mission, KS 66202
913-262-8282 800-779-8201
Fax 913-262-8458

Topeka Office
623 SW 10th Ave., Ste. 200
Topeka, KS 66612
913-232-1015
Fax 913-232-4704



SPECIALIZE IN AIR FORCE MEDICINE.

Become the dedicated physician you want to be while serving your country in today's Air Force. Discover the tremendous benefits of Air Force medicine. Talk to an Air Force medical program manager about the quality lifestyle , quality benefits and 30 days of vacation with pay per year that are part of a medical career with the Air Force. Find out how to qualify. Call

USAF HEALTH PROFESSIONS
TOLL FREE
1-800-423-USAF

AIR FORCE

Pulmonary Barotrauma in a Mechanically Ventilated Patient with Solitary Head Injury and No Other Predisposing Factors

FRANCIS S. LEE, M.D.,* BRAD BASINGER, M.D.,† AND PAUL B. HARRISON, M.D.§

Ventilator-induced pulmonary barotrauma (PBT) is defined as a manifestation of pulmonary interstitial emphysema, pneumomediastinum, pneumoperitoneum, or subcutaneous emphysema, or as a life-threatening pneumothorax or tension pneumothorax developing in ventilator-dependent patients.[1] Improved ventilators and more appropriate utilization have resulted in fewer cases of PBT. In addition to a review and discussion of the literature, in this paper we present an unusual case of ventilator-induced PBT in a young male with no obvious predisposing factors.

Case Report

A 20-year-old Hispanic male was driving at 10 to 15 miles per hour down a crowded street when a brick thrown through the passenger-side window hit his right temple. He brought the car to a stop and was driven to a nearby trauma center. He ambulated independently to the examination room, where his mental status deteriorated rapidly. During a quick initial evaluation, the patient had only a small amount of bleeding at the right temple, with some edema, but no other injuries. A stat computed axial tomography (CAT) scan of the brain was ordered, and a right-side epidural and subcutaneous hematoma were noted (Figure 1).

At the CAT scanner, the patient lost consciousness, and intubation was performed without difficulty. He was taken to the operating room for an immediate craniotomy and admitted to the surgical intensive care unit after a successful evacuation of the hematoma.

On the third postoperative morning, the chest radiographs were normal. However, in the afternoon the patient became symptomatic from a large subcutaneous emphysema, and pO_2 changed from 203 mm Hg to 65 mm Hg. The ventilator settings were a rate of 8, FiO_2 30%, tidal volume 650 ml, and 0 positive end respiratory pressure. Positive inspiratory pressure measured every hour ranged from 18 to 36 cm H_2O. Chest films indicated 5 to 15% bilateral pneumothorax, subcutaneous emphysema and pneumopericardium (Figure 2).

Bilateral chest tubes were inserted and attached to suction, with immediate improvement of arterial blood gases (ABG). Pre-chest tube ABG was pH 7.44, pCO_2 32 mm Hg, pO_2 65 mm Hg, O_2 saturation 93%. Post-chest tube results were pH 7.45, pCO2 43 mm Hg, pO_2 203 mm Hg, and O_2 saturation 99% (Figure 3).

The chest tubes were removed five days later with no recurrent PBT. The patient subsequently had a tracheostomy. He died of deteriorating neurologic status four months later. Autopsy report showed essentially normal lung with no gross abnormality in the trachea, carina or bronchi.

Pathophysiology of Pulmonary Barotrauma

Macklin and Macklin[2] demonstrated that pulmonary interstitial emphysema can occur due to the rupture of the common border of the alveolar base and the vascular sheath. The pressure gradient between the alveolus and the vascular sheath contributes to development of interstitial emphysema from the alveolar rupture.[3]

Since the previous initial postulation, many technical advances have been established in daily management of critically ill patients, in order to prevent alveolar rupture. New ventilator technology promised life-saving therapy for patients in respiratory failure, but for the unfortunate few who developed pulmonary barotrauma, mortality rates of 9 to 35% or more were encountered. Mortality rates were particularly high for patients

*Dept. of Surgery, UKSM-Wichita
†Redlands Community Hospital, Redlands, California
§HCA Wesley Medical Center, Wichita
Address correspondence and reprint requests to Dr. Lee at 929 N. St. Francis, Wichita, Kansas 67214.

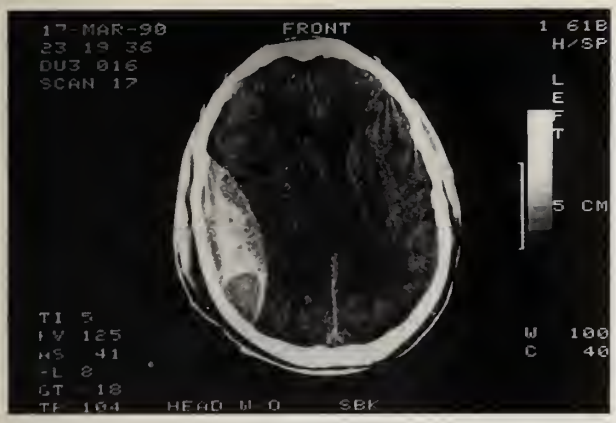


Figure 1. CAT scan showing right-sided epidural and subcutaneous hematoma.



Figure 2. Bilateral pneumothorax, subcutaneous emphysema and pneumopericardium.

suffering from underlying status asthmaticus.[4-10] Therefore, many researchers tried to find the exact cause of PBT; however, the following predisposing factors uncovered after years of study do not completely explain the sudden development of PBT in these patients.

Peak airway pressure (PAP) is most frequently cited as the principal risk factor contributing to barotrauma. In general, the higher the PAP, the more likely that patient will develop PBT. PAP of 50 cm H_2O or less apparently did not contribute to development of PBT in a previous study.[11]

Positive end expiratory pressure (PEEP) is associated with an increased risk of barotrauma. Studies by Zwillich et al.[12] and de Latorre et al.[13] have postulated an increased risk of PBT with usage of high pressure PEEP. Petty and Fowler[14] showed that maximal therapeutic PEEP is 5 to 15 cm H_2O. Pressures greater than this may predispose to increased risk of PBT.

Several underlying disease states cited in the review article by Haake et al.[11] may contribute to development of barotrauma. Necrotizing pneumonia due to staphylococcus, pseudomonas, or both was cited as a dominant factor in barotrauma. Also, other studies indicated aspiration pneumonia and chronic obstructive lung disease to be the etiological factors in developing barotrauma.[13,15]

Discussion

Kumar et al.[1] reported a 10% incidence of PBT in a group of acute respiratory failure patients. However, they noted underlying pathology (such as chronic obstructive pulmonary disease) as the main predisposing factor in development of PBT. Six years later, from the same intensive care unit, Cullen and Caldera[16] reported a much smaller incidence (0.5%) of PBT in critically ill patients with respiratory failure. Cullen and Caldera credited refined ventilatory practices and the use of intermittent mandatory ventilation, along with sedation of the patients on the ventilator, for contributing to a greatly decreased incidence of PBT in this group of patients. They also asserted that PBT is more likely to develop in a patient with



Figure 3. Chest radiograph following tube thoracostomy.

CLASSIFIED ADVERTISEMENTS

Classified advertisements are $7.50/line for KMS members; $9.50/line for non-members; 5-line minimum. Payment must accompany copy. Deadline is 20th of the month preceding month of publication. Box numbers are available at no charge. All advertisements are accepted subject to approval by the Editorial Board.

ASSOCIATE PHYSICIAN: Women's Health Care. Compassionate physician, male or female, with surgical experience (FP, surgery, EM, OB/GYN) to participate in first- and early-second-trimester (14 weeks) abortion practice. Two to four Saturdays/month in Wichita, Kansas. Fee for service and no overhead. Send resume to George R. Tiller, M.D., Medical Director, WHCS, 5107 E. Kellogg, Wichita, KS 67218.

FAMILY/GENERAL Practice doctor needed for Spearman, Texas, in Texas Panhandle. Tax-supported, modern 28-bed hospital. Good backup. Award-winning schools and strong community support for hospital. For further information, contact Jerry Lewis of The Lewis Group at 1-800-666-1377.

POSITION WANTED in Family Practice clinic, urgent care clinic, or occupational medicine. KC area. Part or full time. Family physician has 17 years' experience; board qualified in ER; KS & MO licenses. Contact S.A. Brooks, 2813 W. 51st, Westwood, KS 66205; 913-722-2170.

CONFERENCE, July 24-29: "Medical Marriages: Balancing Commitments to Family and Profession." Crested Butte, CO. CE credit: 24 hours. Contact Menninger Continuing Education, 800-288-7377.

NEED CME CREDITS? For additional opportunities, see the listing on page 68 of local and regional CME programs being offered in the next several months. Telephone numbers are provided so you can call for details.

CLASSIFIED ADVERTISEMENTS are an economical way to advertise medical equipment or practices for sale, positions offered or desired, real estate rentals or sales, collectibles, etc. KMS members receive a discount, making the rate even more attractive! Call Susan Ward at KMS, 800-332-0156 or 913-235-2383 to place your ad.

underlying lung pathology and other predisposing factors.

Predisposing factors in development of PBT were also postulated by Peterson and Baier,[17] in their study of medical intensive care patients with primary lung pathology leading to respiratory failure. Their study showed an 8% incidence of PBT, and data supported underlying lung disease as a main factor in development of PBT. Patients with peak inspiratory pressure greater than 70 cm H_2O were shown to have a 43% chance of developing PBT, leading to the conclusion that increased airway pressure adds to the risk for PBT.

Our patient exhibited no obvious underlying pathology. The admission and subsequent chest x-rays prior to development of PBT did not suggest any obvious abnormality. Another possible predisposing factor in developing PBT is PEEP greater than 10 cm H_2O; however, the patient did not have any PEEP in his ventilator setting. Other predisposing factors including lung pathologies such as necrotizing pneumonia, aspiration pneumonia, and COPD were not present in this patient during the time the barotrauma manifested itself. The patient died four months after the accident. Autopsy indicated no significant pulmonary pathology, with no blebs or bronchial tear, according to the medical examiner's report.

The development of pulmonary barotrauma manifested by bilateral pneumothorax, significant subcutaneous emphysema, and pneumomediastinum suggests that PBT can occur regardless of the presence of obvious predisposing factors. Therefore, we recommend close surveillance of every ventilator-dependent patient. Frequent physical examination of the patient, including daily chest x-rays, arterial blood gas measurement and ventilator setting checks with frequent PAP measurements, are essential in prevention or early detection of this serious complication.

REFERENCES

A complete list of references is available from Dr. Lee.

Needle Localization of Pulmonary Nodule for Thoracoscopic Resection

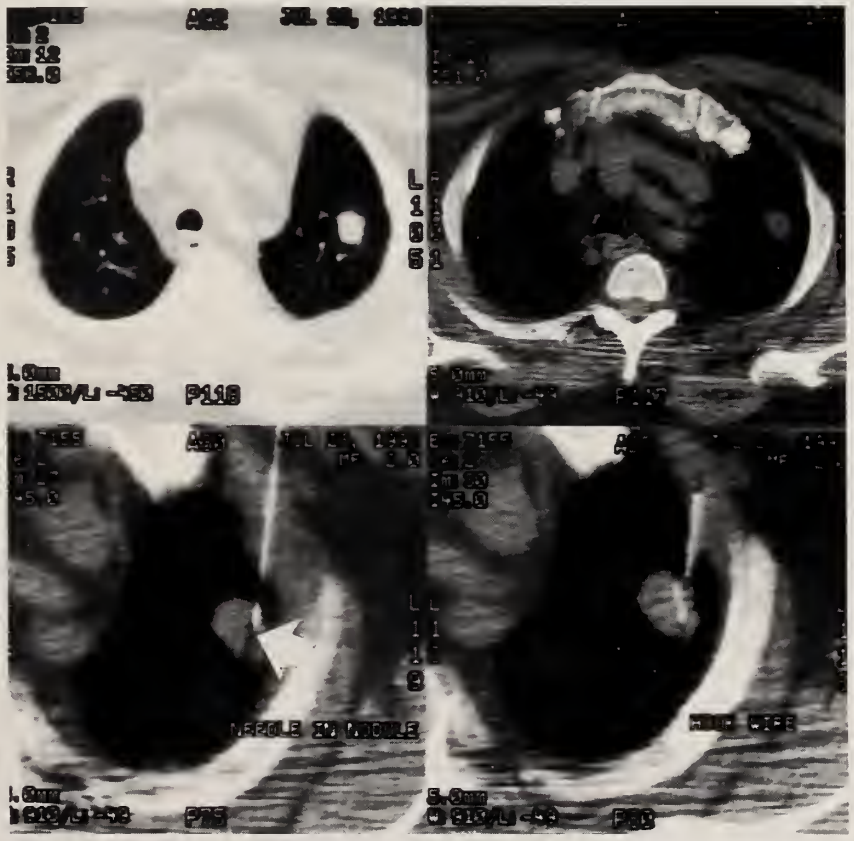
DAVID BRAKE, M.D.,* AND JOSEPH E. R. HAGMAN, M.D.,* *Wichita*

A 64-year-old female with a three-year history of stage II, node negative, ductal carcinoma of the right breast and incidental right kidney carcinoma presented for a chest radiograph as follow-up to adjuvant tamoxifen therapy for the breast carcinoma. The chest film showed a 1.5 cm nodule in the apex of the left lung. Primary considerations were metastatic carcinoma from the breast, metastatic renal carcinoma, and a pulmonary neoplasm. Percutaneous, skinny needle biopsy was not definitive. A consulting pulmonologist recommended thoracoscopic biopsy with excision, if possible.

Radiographic Needle Localization

At the request of the thoracic surgeon, a percutaneous localization needle was placed preoperatively, using CT guidance. The technique was similar to that of needle localization of a breast nodule by mammographic films. The same type of needle (Kopan's) was introduced, and the hook was released within the nodule. During surgery the hook needle marked the site of the lung nodule in the collapsed lung, making endoscopic excision relatively easy. This technique increases the efficiency of minimally invasive thoracic surgery. Subsequent analysis resulted in the diagnosis of metastatic renal carcinoma.

*Dept. of Radiology, UKSM-Wichita
Address correspondence to Dr. Brake at Dept. of Radiology, UKSM-Wichita, 1010 N. Kansas, Wichita, Kansas 67214.



Hantavirus Pulmonary Syndrome: Kansas, 1993

The first laboratory-confirmed case of hantavirus pulmonary syndrome was reported to KDHE in December 1993. A previously healthy 34-year-old woman, who was 14 weeks pregnant, was admitted to a rural Southwest Kansas hospital in October with flu-like symptoms including fever, myalgia, malaise, headache and cough. The symptoms had begun four days prior to admission. She was found to be slightly hypotensive, hypoxemic and tachycardic. Laboratory data showed an elevated white-cell count with a left shift, hemoconcentration and thrombocytopenia. Sequential chest radiographs showed a progressive bilateral pulmonary infiltrate, consistent with adult respiratory distress syndrome (ARDS). Symptomatic treatment was unsuccessful, and the patient died approximately 20 hours after admission. Hantavirus infection was confirmed by the Centers for Disease Control and Prevention (CDC) on specimens obtained at autopsy.

As of January 5, 1994, 53 laboratory-confirmed human cases have been reported in the United States since September 1990, from 14 states (see figure). Case-patients ranged in age from 12 to 69 years (median: 31 years); 30 (57%) were male; 26 (49%) were Native Americans; 22 (42%) were non-Hispanic whites; 4 (8%) were Hispanic; and 1 (2%) was black. Thirty-two (60%) case-patients have died.

Clinical findings were similar to those reported in the Kansas patient. Early symptoms usually included fever, myalgia and respiratory symptoms, followed by the acute onset of ARDS. On admission, 12 of 17 (71%) patients in one study had hemoconcentration, and 13 of 17 (76%) had thrombocytopenia. Recovery in survivors has been without sequelae.

Hantaviruses in northern Europe and Asia have been associated with both a mild form of illness characterized by fever and renal failure (case-fatality rate of 1%) and a more severe illness characterized by fever, renal failure, hemorrhage and shock (case-fatality rate of 5 to 15%). This most recently identified hantavirus differs from other known hantaviruses by its high case-fatality rate, association with respiratory illness, and absence of primary renal failure.

Hantavirus pulmonary syndrome has been associated with activities that bring humans into contact with infected rodents. The deer mouse, *Peromyscus maniculatus,* found in rural areas of the U.S. (except the Southeast U.S.), is believed to be the primary reservoir for this hantavirus. Infected mice shed the virus in saliva, urine and feces, and do not become ill. The Kansas patient lived in a rural area of Southwest Kansas and was likely exposed to infected mice in her home through cleaning and subsequent aerosolization of virus. Mouse droppings had been found daily

SCREENING CRITERIA FOR HANTAVIRUS PULMONARY SYNDROME IN PERSONS WITH UNEXPLAINED RESPIRATORY ILLNESS

Potential case-patients must have one of the following:

- A febrile illness (temperature ≥38.3° C) occurring in a previously healthy person characterized by unexplained adult respiratory distress syndrome; OR bilateral interstitial pulmonary infiltrates developing within 1 week of hospitalization with respiratory compromise requiring supplemental oxygen.

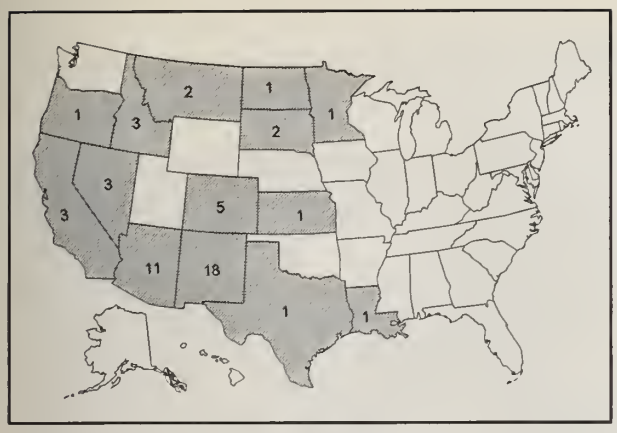
  OR

- An unexplained respiratory illness resulting in death in conjunction with an autopsy examination demonstrating noncardiogenic pulmonary edema without an identifiable specific cause of death.

Potential case-patients are to be excluded if they have any of the following:

- A predisposing underlying medical condition; e.g., severe underlying pulmonary disease, solid tumors or hematologic malignancies, congenital or acquired immunodeficiency disorders, or medical conditions (e.g., rheumatoid arthritis or organ transplant recipients) requiring immunosuppressive drug therapy (e.g., steroids or cytotoxic chemotherapy).
- An acute illness that provides a likely explanation for the respiratory illness (e.g., recent major trauma, burn, or surgery; recent seizures or history of aspiration; bacterial sepsis; another respiratory disorder such as respiratory syncytial virus in young children; influenza; or legionella pneumonia).

Reported by Hubert C. Peterson, M.D., Southwest Medical Center, Liberal; Lori Richardson, ANRP, Morton Co. Health Dept., Elkhart; and the Epidemiology Section, Bureau of Disease Control, KDHE.



Confirmed hantavirus pulmonary syndrome cases (n = 53), United States, through January 5, 1994.

in her home, and she had handled dead mice in the six weeks prior to her illness. Minimizing human exposure to mice and rodent excrement and reducing rodent populations in human environments is the best approach for preventing additional cases. Person-to-person or arthropod-borne transmission of hantaviruses has not been documented.

Screening criteria for hantavirus pulmonary syndrome have been developed by the CDC (see table). Cases meeting these criteria should be reported to the Kansas Bureau of Disease Control (BDC) at 913-296-5586. An antiviral agent, ribavirin, is currently undergoing investigation by CDC for therapeutic efficacy against hantavirus pulmonary syndrome. Physicians who want to enroll patients meeting the screening criteria should call the BDC, whose staff may be reached nights and weekends at 913-271-5813 or 913-272-4166. Additional information on rodent control is available from local health departments and the BDC.

MEDICINE AND COMPUTERS

(Continued from page 76.)

The database is fairly simple and is limited to about 4,000 characters per record. Although a "note" field can be included, this does not have the same functionality as the note field in the HP 100LX hand-held computer or computer databases such as dBase.

The built-in spreadsheet is very easy to read and to use. Multiple spreadsheets can be set up for a variety of short lists: automobile mileage, patient visits, expenses, time log, etc. It then becomes a simple matter to "hot-key" from one spreadsheet to the next for rapid data entry.

Comments

If you are uncertain that pocket computing is for you, but want to give it a serious try, consider the Psion. Create a database for telephone numbers and another for scraps of information. Set up a spreadsheet for patient name, date and short note and another spreadsheet for expenses or mileage. Use the agenda function for keeping your appointments and to-dos.

For two or three months compulsively enter every name and telephone number you now have to look up into the computer's phone book, every patient you see into the spreadsheet and agree with your nurse or secretary that if it's in the computer, the missed meeting or appointment is the doctor's fault.

After several months, you will either be leaving your computer at home and not missing it, or — more likely — occasionally forgetting to put it in your pocket or purse and recognizing its usefulness. In either case, you will no longer wonder whether pocket computing is for you.

AN ACT OF LOVE

Denial that a respected colleague could be impaired and/or the conspiracy of silence that makes us unwilling to speak out allows the illness of our impaired colleagues to progress, sometimes to a fatal outcome.

"Blowing the whistle" on a suffering colleague is, indeed, an act of love.

Call us *early*.
We can help *confidentially*.

IMPAIRED PHYSICIANS PROGRAM
(913) 235-2383
Toll-free: (800) 332-0156

Pocket Computers: Psion Series 3a

DONALD L. VINE, M.D.,* *Wichita*

Many doctors have not yet decided that they want to bother with portable computing. They have seen colleagues working with small black boxes that look interesting, but seem to be a bit larger and more complicated than they would like. For those who wonder whether a pocket computer would be worth the bother of lugging around, the Psion might just be the ticket.

Psion 3a Features

Psion dimensions are almost ideal for the jacket pocket or purse: 6.5 x 3.4 x 0.9 inches. The case is contoured to protect jacket fabric from wear and tear, and the 9.7-ounce weight allows you to forget you are carrying a computer — until you need it.

The screen is perhaps the easiest to read among pocket computers. You can toggle from a display of 40 characters by 9 lines to a full-width 80 characters by 17 lines. The user interface is graphic and employs a Windows-like menu system which becomes intuitive and very easy to use with a little practice.

The keyboard is also easy to use — for a pocket-sized computer. Short- to medium-sized memoranda are very easy to enter. In a pinch, the unit lends itself to fairly efficient creation of documents of up to about 30,000 characters.

The operating system is multitasking, which means that you can quickly switch between different applications, multiple instances of a single application or even to a second application while the first is running. The 16-bit NEC V30H processor runs at 7.7 mHz, which is similar to the old IBM XT, but robust enough for the built-in applications. The unit is powered by two AA batteries, which provide about 80 hours of uninterrupted, or months of discontinuous, use. The audio system is unique in providing recording capability in addition to playback of the usual beeps and alarms. This allows you to record short messages to use as reminders or custom alarms. The speaker also permits the unit to perform tone "dialing" from numbers previously entered into the phone database.

User-accessible memory is either 256 or 512 Kb (256,000 or 512,000 characters), depending on the unit you purchase, but the 512 Kb unit is recommended. Additional data storage is provided by the purchase of up to two solid-state disks (SSDs), which slide into the ends of the unit.

The SSD memory cards come in two varieties: flash and RAM. The flash SSDs can hold up to 2 Mb (two million characters) and require no battery. They can be written to once and new data is added to unused portions of the disk. To reuse previously written areas, the disk must be reformatted. In contrast, the RAM SSDs can support read/write operations just like the hard drive of a standard PC, but they require a small lithium battery and are limited to a maximum of 1 Mb of data.

Time management functions of the Psion are very good. You can view your schedule by day, week or year. A handy pop-up calendar of the month permits rapid navigation from one date to another. Entries can be viewed as a list and also can be repeated by day of the week, day of the month, every working day or daily.

To-do entries can be grouped and viewed by any of a large number of user-definable categories. Within each category, priorities can be assigned so that future items appear on the daily schedule only when you want them to. This permits the development of a complex time management system that does not clutter the display with a large number of low-priority items.

Memos of approximately 3,000 characters each can be attached to any appointment or to-do item.

The word processor features outlining, font selection (for printing), and on-screen display of normal, boldface, italic and underlined text. Documents can be saved in Rich Text Format (RTF), which is compatible with many standard PC word processors.

(Continued on page 75.)

*Associate Professor, Department of Medicine, University of Kansas School of Medicine-Wichita

Address correspondence to Dr. Vine, Deparment of Medicine, UKSM-W, 1010 N. Kansas, Wichita, KS 67214.

Breast-Conservation Treatment



AT LEAST ONE-THIRD OF ALL BREAST CANCER PATIENTS COULD HAVE LUMPECTOMY FOLLOWED BY RADIATION THERAPY

The American Cancer Society, the American College of Surgeons and the American College of Radiology have agreed that women whose early breast cancer was detected by mammography are candidates for breast-saving treatment. This treatment consists of lumpectomy with axillary node sampling followed by radiation therapy to the breast. According to new standards, women with small lumps, those with tumors as large as two inches, and even some women with positive nodes may be candidates for this treatment.

The purpose of the breast-conserving treatment is to treat these patients adequately but with a good cosmetic result. Stage for stage, patients treated in this manner have the same longevity and the same freedom from local recurrence as those treated with mastectomy.

For copies of the standards please contact Keri Sperry, American College of Radiology, 1891 Preston White Drive, Reston, VA 22091.

acr

AMERICAN COLLEGE OF SURGEONS

AMERICAN CANCER SOCIETY®

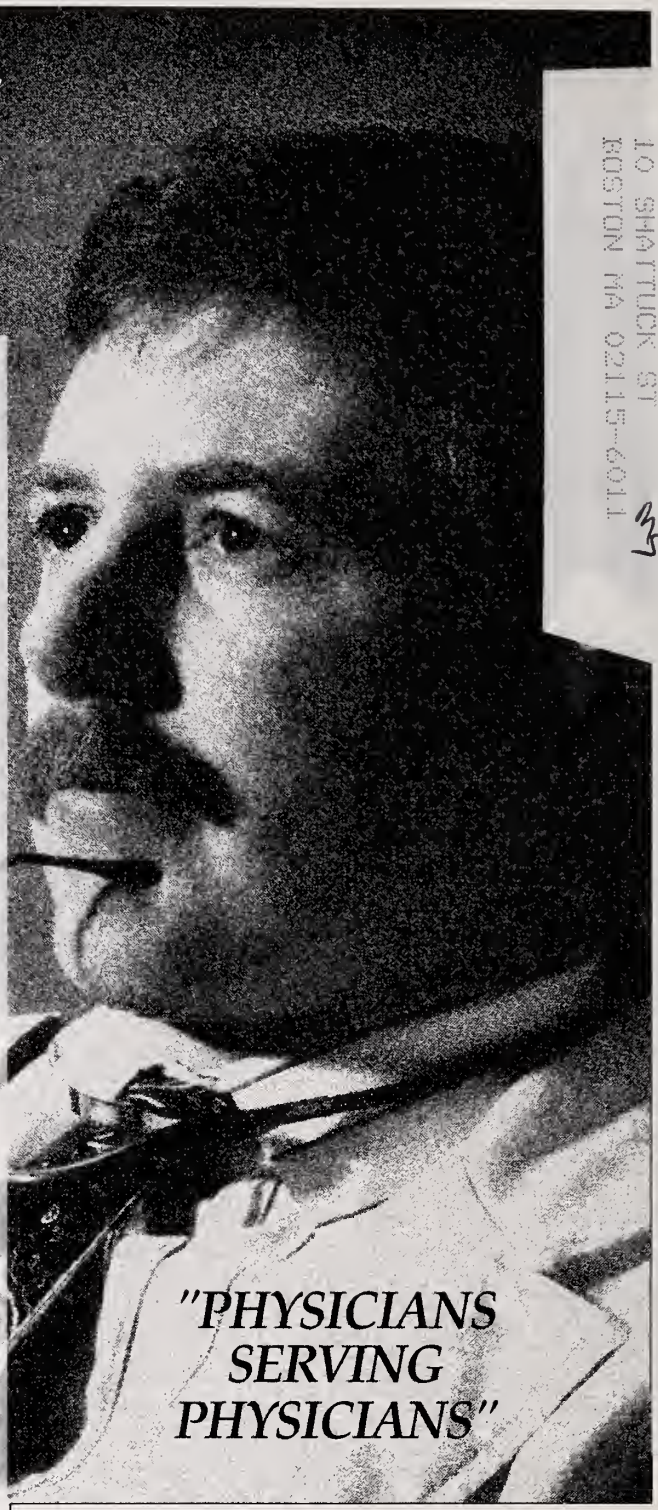
ANNOUNCING SOMETHING UNCOMMON... A COMMON SENSE APPROACH

Who understands the challenges facing today's physician better than other physicians? KaMMCO was formed *for* physicians, *by* physicians, to provide you with competitive rates and innovative services. Physician owned and controlled, we set the standards for superior service, and uncompromising protection.

Among the personal services we provide are:

- **Technical advice and information on a variety of health care law issues**
- **Physician focused management and purchasing services through Medical Services Corporation**
- **Strong defense of non-meritorious claims and physician support during claims**
- **Close working relationship with the Kansas Medical Society**
- **Legislative advocacy**
- **Loss prevention activities for physicians and staff**
- **Medical office reviews**
- **Personalized member service and toll-free access**

Physicians serving physicians...it's just common sense.



"PHYSICIANS SERVING PHYSICIANS"

XE
NEW ENGLAND JRNL OF MEDIC
10 SHATTUCK ST
BOSTON MA 02115-6011
1-40900

KaMMCO

KANSAS MEDICAL MUTUAL INSURANCE COMPANY

623 SW Tenth • Topeka, Kansas 66612
(913) 232-2224 • 1 (800) 232-2259

KANSAS MEDICINE

JOURNAL OF THE KANSAS MEDICAL SOCIETY

April 1994 Volume 95, Number 4



- Radiological Evaluation of Extramedullary Plasmacytoma
- Breast Cancer Detection
- Expert Witnesses: New Regulations
- Farewells from KMS and KMSA Presidents
- New This Month: Preventive Medicine Column

KANSAS MEDICINE

VOLUME 95 • NUMBER 4 • APRIL 1994

CONTENTS

Scientific Articles

90 Breast Cancer Detection: Improving the Efficacy of Screening Mammography
Barriers to detection and solutions to screening problems.
Nancy L. Brecheisen, M.D.; and Thomas E. Snyder, M.D.

94 Radiological Evaluation of Extramedullary Plasmacytoma
Case report and discussion of a rare tumor.
Muralidhara G. Rao, M.D., and Ram Venkatesh, M.D.

Departments

77 Cover Story
80 Editorial Comment
84 President's Message
86 Medicina et Lex
88 Alliance News
96 Radiology Vignette
97 Preventive Medicine
98 News from KDHE
99 Classified Advertisements
100 Cardiology Notes

Miscellaneous

82 Farming and Occupational Fatalities
93 NIH Reports Available

XEROX

Your prescription for savings.



THE FRANCIS A. COUNTWAY
LIBRARY OF MEDICINE
BOSTON, MA
MAY 10 1994

This new agreement helps reduce the feverish rise in operations costs.

A deal on Xerox equipment. At a medical price breakthrough. This agreement creates a brand new health benefit for your AMA membership.

Whether you're interested in a lease or purchase, you'll receive reduced prices on quality Xerox workhorse copiers and faxes, reliable laser printers, and the supplies to match. Xerox is the brand-name standard.

Plus, all our equipment carries the exclusive Xerox Total Satisfaction Guarantee, which says you determine when you're satisfied.

So reduce your overhead aches. With the proper dosage of savings for your practice. Call Xerox at 1-800-ASK-XEROX (275-9376), ext. "AMA" for more information on the specific Xerox products that can help control your cost of operations. Xerox and AMA members. Together we're the prescription for savings.

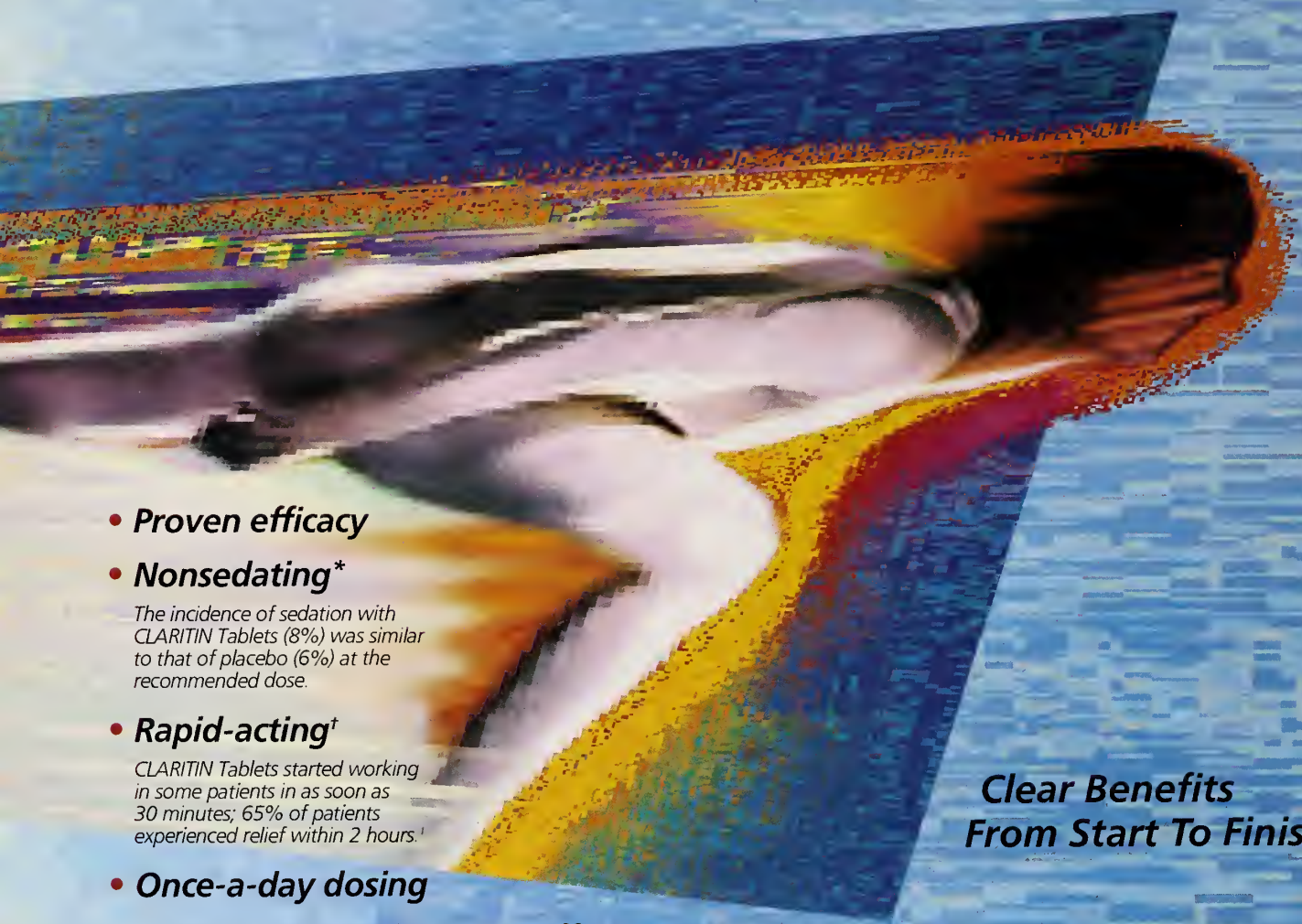
AMERICAN MEDICAL ASSOCIATION

Xerox
The Document Company

©1994 by Xerox Corporation. Xerox® and The Document Company® are trademarks of XEROX CORPORATION.

FOR THE NASAL AND NON-NASAL SYMPTOMS OF SEASONAL ALLERGIC RHINITIS

A Clear Choice In Antihistamine Therapy



- **Proven efficacy**
- **Nonsedating***

  The incidence of sedation with CLARITIN Tablets (8%) was similar to that of placebo (6%) at the recommended dose.
- **Rapid-acting†**

  CLARITIN Tablets started working in some patients in as soon as 30 minutes; 65% of patients experienced relief within 2 hours.†

Clear Benefits From Start To Finish

- **Once-a-day dosing**
- **Low incidence of adverse effects**

  In controlled clinical trials using the recommended dose, the incidence of headache (12%), somnolence (8%), fatigue (4%), and dry mouth (3%) with CLARITIN Tablets was similar to that of placebo (11%, 6%, 3%, and 2%, respectively).
- **Over 1 billion patient days of worldwide experience**

Once-a-day

Claritin®

10 mg TABLETS (loratadine)

* *In studies with CLARITIN Tablets at doses 2 to 4 times higher than the recommended dose of 10 mg, a dose-related increase in the incidence of somnolence was observed.*

† *Relief began in 13% of treated patients vs 4% of placebo-treated patients within 30 minutes (P=.04). At 2 hours, 48% of patients receiving placebo experienced relief. Distribution of onset times was significantly earlier for CLARITIN Tablets vs placebo (P=.03).*

Please see following page for brief summary of Prescribing Information.

CLARITIN®
brand of loratadine
TABLETS
Long-Acting Antihistamine

BRIEF SUMMARY
(For full Prescribing Information, see package insert.)

INDICATIONS AND USAGE
CLARITIN Tablets are indicated for the relief of nasal and non-nasal symptoms of seasonal allergic rhinitis

CONTRAINDICATIONS
CLARITIN Tablets are contraindicated in patients who are hypersensitive to this medication or to any of its ingredients

PRECAUTIONS
General: Patients with liver impairment should be given a lower initial dose (10 mg every other day) because they have reduced clearance of CLARITIN Tablets

Drug Interactions: The coadministration of a single 20 mg dose of CLARITIN Tablets (double the recommended daily dose) and a 200 mg dose of ketoconazole twice daily to 12 subjects resulted in increased plasma concentrations of loratadine (180% increase in AUC) and its active metabolite, descarboethoxyloratadine (56% increase in AUC). However, no related changes were noted in the QTc on ECGs taken at 2, 6, and 24 hours after the coadministration of loratadine and ketoconazole. Also, there were no significant differences in clinical adverse events between CLARITIN Tablet groups with or without ketoconazole.

Other drugs known to inhibit hepatic metabolism should be coadministered with caution until definitive interaction studies can be completed. The number of subjects who concomitantly received macrolide antibiotics, cimetidine, ranitidine, or theophylline along with CLARITIN Tablets in controlled clinical trials is too small to rule out possible drug-drug interactions. There does not appear to be an increase in adverse events in subjects who received oral contraceptives and CLARITIN Tablets compared to placebo.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: In an 18-month oncogenicity study in mice and a 2-year study in rats, loratadine was administered in the diet at doses up to 40 mg/kg (mice) and 25 mg/kg (rats). In the carcinogenicity studies, pharmacokinetic assessments were carried out to determine animal exposure to the drug. AUC data demonstrated that the exposure of mice given 40 mg/kg of loratadine was 3.6 (loratadine) and 18 (active metabolite) times higher than a human given 10 mg/day. Exposure of rats given 25 mg/kg of loratadine was 28 (loratadine) and 67 (active metabolite) times higher than a human given 10 mg/day. Male mice given 40 mg/kg had a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) than concurrent controls. In rats, a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) was observed in males given 10 mg/kg and males and females given 25 mg/kg. The clinical significance of these findings during long-term use of CLARITIN Tablets is not known.

In mutagenicity studies, there was no evidence of mutagenic potential in reverse (AMES) or forward point mutation (CHO-HGPRT) assays, or in the assay for DNA damage (Rat Primary Hepatocyte Unscheduled DNA Assay) or in two assays for chromosomal aberrations (Human Peripheral Blood Lymphocyte Clastogenesis Assay and the Mouse Bone Marrow Erythrocyte Micronucleus Assay). In the Mouse Lymphoma Assay, a positive finding occurred in the nonactivated but not the activated phase of the study.

Loratadine administration produced hepatic microsomal enzyme induction in the mouse at 40 mg/kg and rat at 25 mg/kg, but not at lower doses.

Decreased fertility in male rats, shown by lower female conception rates, occurred at approximately 64 mg/kg and was reversible with cessation of dosing. Loratadine had no effect on male or female fertility or reproduction in the rat at doses of approximately 24 mg/kg.

Pregnancy Category B: There was no evidence of animal teratogenicity in studies performed in rats and rabbits. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, CLARITIN Tablets should be used during pregnancy only if clearly needed.

Nursing Mothers: Loratadine and its metabolite, descarboethoxyloratadine, pass easily into breast milk and achieve concentrations that are equivalent to plasma levels with an AUC_{milk}/AUC_{plasma} ratio of 1.17 and 0.85 for the parent and active metabolite, respectively. Following a single oral dose of 40 mg, a small amount of loratadine and metabolite was excreted into the breast milk (approximately 0.03% of 40 mg over 48 hours). A decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. Caution should be exercised when CLARITIN Tablets are administered to a nursing woman.

Pediatric Use: Safety and effectiveness in children below the age of 12 years have not been established.

ADVERSE REACTIONS
Approximately 90,000 patients received CLARITIN Tablets 10 mg once daily in controlled and uncontrolled studies. Placebo-controlled clinical trials at the recommended dose of 10 mg once a day varied from 2 weeks' to 6 months' duration. The rate of premature withdrawal from these trials was approximately 2% in both the treated and placebo groups.

REPORTED ADVERSE EVENTS WITH AN INCIDENCE OF MORE THAN 2% IN PLACEBO-CONTROLLED ALLERGIC RHINITIS CLINICAL TRIALS
PERCENT OF PATIENTS REPORTING

	LORATADINE 10 mg OD n = 1926	PLACEBO n = 2545	CLEMASTINE 1 mg BID n = 536	TERFENADINE 60 mg BID n = 684
Headache	12	11	8	8
Somnolence	8	6	22	9
Fatigue	4	3	10	2
Dry Mouth	3	2	4	3

Adverse event rates did not appear to differ significantly based on age, sex, or race, although the number of non-white subjects was relatively small.

In addition to those adverse events reported above, the following adverse events have been reported in 2% or fewer patients:
Autonomic Nervous System: Altered salivation, increased sweating, altered lacrimation, hypoesthesia, impotence, thirst, flushing.
Body As A Whole: Conjunctivitis, blurred vision, earache, eye pain, tinnitus, asthenia, weight gain, back pain, leg cramps, malaise, chest pain, rigors, fever, aggravated allergy, upper respiratory infection, angioneurotic edema.
Cardiovascular System: Hypotension, hypertension, palpitations, syncope, tachycardia.
Central and Peripheral Nervous System: Hyperkinesia, blepharospasm, paresthesia, dizziness, migraine, tremor, vertigo, dysphonia.
Gastrointestinal System: Abdominal distress, nausea, vomiting, flatulence, gastritis, constipation, diarrhea, altered taste, increased appetite, anorexia, dyspepsia, stomatitis, toothache.
Musculoskeletal System: Arthralgia, myalgia.
Psychatric: Anxiety, depression, agitation, insomnia, paroniria, amnesia, impaired concentration, confusion, decreased libido, nervousness.
Reproductive System: Breast pain, menorrhagia, dysmenorrhea, vaginitis.
Respiratory System: Nasal dryness, epistaxis, pharyngitis, dyspnea, nasal congestion, coughing, rhinitis, hemoptysis, sinusitis, sneezing, bronchospasm, bronchitis, laryngitis.
Skin and Appendages: Dermatitis, dry hair, dry skin, urticaria, rash, pruritus, photosensitivity reaction, purpura.
Urinary System: Urinary discoloration, altered micturition.

In addition, the following spontaneous adverse events have been reported rarely during the marketing of loratadine: peripheral edema, abnormal hepatic function, including jaundice, hepatitis, and hepatic necrosis, alopecia, seizures, breast enlargement, erythema multiforme, and anaphylaxis.

OVERDOSAGE
Somnolence, tachycardia, and headache have been reported with overdoses greater than 10 mg (40 to 180 mg). In the event of overdosage, general symptomatic and supportive measures should be instituted promptly and maintained for as long as necessary.

Treatment of overdosage would reasonably consist of emesis (ipecac syrup), except in patients with impaired consciousness, followed by the administration of activated charcoal to absorb any remaining drug. If vomiting is unsuccessful, or contraindicated, gastric lavage should be performed with normal saline. Saline cathartics may also be of value for rapid dilution of bowel contents. Loratadine is not eliminated by hemodialysis. It is not known if loratadine is eliminated by peritoneal dialysis.

Oral LD_{50} values for loratadine were greater than 5000 mg/kg in rats and mice. Doses as high as 10 times the recommended clinical doses showed no effects in rats, mice, and monkeys.

Schering® Schering Corporation
Kenilworth, NJ 07033 USA

Copyright © 1992, 1993 Schering Corporation. All rights reserved. Rev. 9/93 17790803-JBS

Schering / KEY

Reference
1. Bédard P-M, Del Carpio J, Drouin MA, et al. Onset of action of loratadine and placebo and other efficacy variables in patients with seasonal allergic rhinitis. Clin Ther. 1992;14:268-275.

Copyright © 1994, Schering Corporation, Kenilworth, NJ 07033. All rights reserved. CR-869/17988301 2/94

One's first view of the spring burnoff in the Flint Hills is an impressive sight, especially at night. After all, the Flint Hills are impressive in themselves. Located in eastern Kansas, they comprise 3.7 million acres of limestone and flint formations. While not suited to agriculture, their native grasses are highly nutritious and support large numbers of grazing cattle, one reason why Kansas ranks third in beef production for the nation.

Konza Prairie Research Natural Area, a nonpublic area of 8,616 acres located around Manhattan and under the supervision of Kansas State University, is devoted to ecological research and education. Some native animals have been reintroduced into the area in an attempt to return it to its original state.

Two reasons are cited for the annual burnoff. The first is that it allows new grasses to achieve better and stronger growth. The second is that it prevents cattle from overgrazing the same area. Controversy surrounds the practice, its critics arguing that the burnoff causes soil erosion, so that in time there will be no grasses left on which cattle may graze.

As city slickers, we may not know which side is correct, but we do know that watching the spring burnoff is a mighty awesome and strangely beautiful sight. And capturing the drama of this annual ritual is a photographer new to the covers of KANSAS MEDICINE. A native of Newton, Kansas, Steve Harper left his home state in the early '60s to join the Air Force and see the world. For the next several years, he called Texas, Nebraska, Guam and California home. But following his graduation from college in Santa Barbara, he began to feel the tug of his original home, so he returned to Newton.

As he relates in the introduction to *Kansas on My Mind* (Falcon Press, $29.50), "That first year back at the home place was filled with sensory overload as I absorbed the full spectrum of the four seasons I had missed while living on the coast."

In 1972, Harper decided to expand his knowledge of Kansas, and he began to take excursions around the state. His first trip was to the Flint Hills, where "my life changed forever." Unlike the orderly grid of roads around Newton, country lanes wound through the Flint Hills, and "the thought of becoming lost in Kansas was more than a little intriguing."

Steve Harper has come to know Kansas intimately, and his keen eye for the details that define the state is evident in photographs such as this one of the annual prairie burnoff near Matfield Green.

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

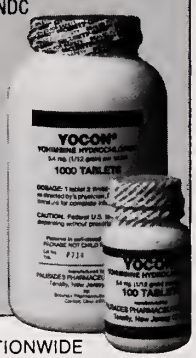
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
64 North Summit Street
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

EDITORIAL BOARD

Warren E. Meyer, M.D., Acting Editor
M. Martin Halley, M.D.
Harry G. Kroll, M.D.
Donald R. Pierce, M.D.
James H. Ransom, M.D.
William J. Reals, M.D.
Donald L. Vine, M.D.
Anne D. Walling, M.D.

STAFF

Susan Ward
Production Editor

Jeremy Slaughter
Business Manager

KANSAS MEDICINE (ISSN 8755-0059) is published monthly by the Kansas Medical Society, 623 W. 10th Avenue, Topeka KS 66612. KMS membership includes a one-year subscription for which $15 is allocated from each member's dues. Rates to others: $45/yr domestic; $50/yr foreign. Printed by The Ovid Bell Press, Inc., Fulton MO. Second class postage paid at Topeka KS and at additional mailing offices. POSTMASTER: Send address changes to KANSAS MEDICINE, 623 W. 10th Avenue, Topeka KS 66612.

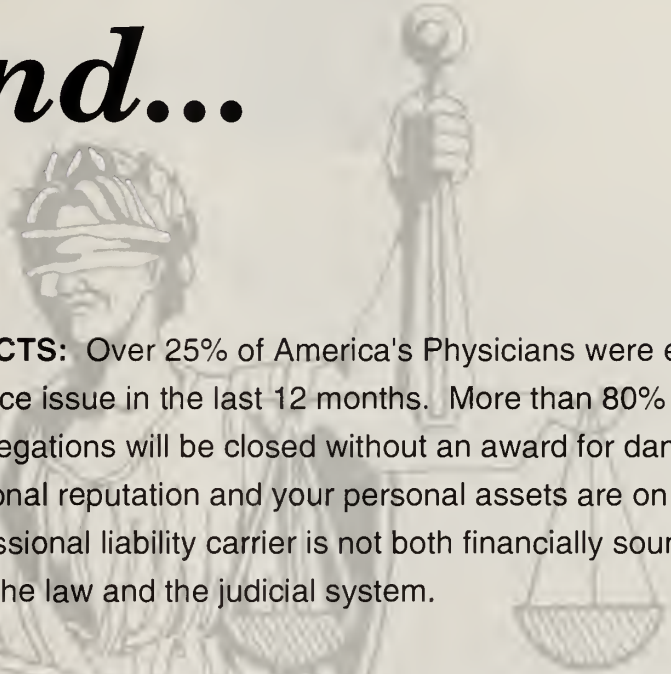
Indexed in *Hospital Literature Index* and *Index Medicus*. Available through University Microfilms. Listed in *CC/Clinical Practice*. Search Resource for Institute for Medical Information, Inc., and Medical Search, Inc.

Copyright 1994 by the Kansas Medical Society. Permission to reproduce materials published herein must be obtained from KANSAS MEDICINE and the author(s). Although effort is made to publish only accurate articles and legitimate advertisements, KANSAS MEDICINE denies legal responsibility for statements, opinions or advertisements appearing under the names of contributors or concerns. Address all correspondence to: KANSAS MEDICINE, 623 W. 10th Avenue, Topeka KS 66612.

ABOUT OUR LOGO

In January 1935, a new logo appeared on the cover of KANSAS MEDICINE for the first time. This device represents two stethoscopes: the original monaural type as used by Läennec, and the modern binaural variety. The logo was designed expressly for KANSAS MEDICINE by renowned graphic designer Bradbury Thompson, a native of Topeka and friend of two former editors of the journal, Dr. W.M. Mills and Dr. Lucien Pyle. As another former editor, Dr. Orville R. Clark, wrote in January 1955, the logo "has become as much a part of the journal as any of the features on the inside and is something which is ours alone."

...a promise to defend...



HERE ARE THE FACTS: Over 25% of America's Physicians were embroiled in a malpractice issue in the last 12 months. More than 80% of those malpractice allegations will be closed without an award for damages. Your professional reputation and your personal assets are on the line when your professional liability carrier is not both financially sound *and* experienced in the law and the judicial system.

WHEN THE ISSUES ARE LEGAL, NOT MEDICAL-- when the allegations are frivolous, or highly emotional-- you need a company and legal representation that understands the problem and has the experience to resolve the issue. The Medical Protective Company has specialized in defending doctors since 1899. Our legal and claims management experience is unmatched by any other insurer in the U.S.

FOR MORE INFORMATION on how we can protect your professional reputation and your personal assets, call your local Medical Protective General Agent at 1-800-344-1899.

THE

MEDICAL PROTECTIVE COMPANY

FORT WAYNE, INDIANA

Professional Protection Exclusively since 1899

A+ (Superior) A.M.Best **AA (Excellent) Standard and Poor's**

Once Upon a Midnight Dreary . . .



Once upon a midnight dreary, while I pondered weak and weary over health care reform proposals, plans and critiques, suddenly there came a tap, tap, tapping at my door. Opening it, I found a slim, almost gaunt, figure wearing a white clinical coat and carrying a black bag that seemed rather tiny — but of course most medical things have been miniaturized by modern technology, so I thought no more about it. The gentleman's smile, while broad, seemed a little affected and insincere. He greeted me, and his voice, though pleasant, implied a tone that would not tolerate interference or disagreement. Clipped to the left breast pocket of his coat was a plastic identification badge bearing his picture (not a bad likeness, though with his face any picture could only be an improvement). The badge identified him as an ASS (whatever that was) from the CHP (Clinton Health Plan). With some sense of foreboding, I stepped aside to admit him.

"May I help you?" I asked, ushering him in to my home.

After a glance about, perhaps to be certain we were alone, he answered, "I've come to be of service to *you*."

"In what way?" I was confused because I had not requested any help.

"Well, you see . . ." (he seemed a little hesitant to explain) "your number has come up."

"My number?"

"Your social security number, Doc. Everybody's got one."

"I know, I know," I said. "But what has that to do with your visit?"

"It all has to do with the Assisted Suicide Program. Your number has come up."

"Sorry to be dense," I said, "but what does my social security number have to do with assisted suicide?"

"Let me explain it to you, Doc," he said in the tone of an adult explaining Simon Says to a toddler. "Your social security number is used to track you through the health system. Every time you see the health care provider for anything, it's recorded, along with the costs associated with that encounter. You know as well as I that a person costs the government a lot of dough in the last few months of life. So when your expenses reach a certain specified limit determined by the National Health Care Control Board, one of us ASSes is sent out to assist you with your suicide."

"Now, wait a minute!" I cried, more in anger than in fear. "I haven't requested suicide! You have no right to come here like this!"

"Where have you been the last few years?" He seemed amazed at my ignorance of current events. "There's nothing voluntary about suicide any more. The guys who were talking up voluntary euthanasia and assisted suicide just wanted to get their foot in the door. Their goal was *in*voluntary euthanasia. Once the people bought the first step, it was easy to keep expanding the criteria. President Clinton bought every compromise, as long as he got what he wanted: universal coverage with the government in control."

"But you can't go around killing people without their consent. That's not right; it's not moral — or ethical."

"Since the 1964 Supreme Court decision about the separation of church and state, the relegation of values to the junk heap, the deterioration of families, increase in drug use, homicides, violence, and attempts to divide different classes and set them against each other, we're running on empty when it comes to morals and ethics!" he announced.

"But how can you, as a doctor, participate in such a thing?" I protested.

"Oh, I'm not a doctor," he said proudly. "We ASSes are former hit men. The doctors are so divided on the issue, it was easier and less expensive to hire us." He pointed to his badge. "ASS stands for Assisted Suicide Specialist. 'Specialist' was added so we could get a bigger fee from the National Insurance and Death Benefit Fund. If we weren't specialists, we'd come under the capitated payment schedule, and frankly, it stinks. We do give Dr. Kevorkian a lot of credit for getting the whole issue off dead center, if you'll pardon the expression. In fact, we refer to a successful treatment as 'kevorking' the client."

"But who decided when a person's time had come?"

"Why, you doctors and the Supreme Court did," he barked. "Based on abortion being legal before a certain *time*. Until the fetus reached a certain age, it was not a human being and could

Lower expenses.
Higher returns. Exceptional service.

NEW

Higher tax-free yields.

Introducing the T. Rowe Price Summit Municipal Funds. Now you can earn higher tax-free income without sacrificing service. The Summit Municipal Funds employ a low-expense strategy to provide higher income, exempt from federal taxes.*

Unlike other low-expense funds, there are no *à la carte* fees for check-writing, exchanges, and redemptions. In addition to these services, you'll also receive a quarterly newsletter, plus a single consolidated statement of your T. Rowe Price investments. And, you'll have access to highly trained service representatives, who will not only handle your transactions, but also provide timely information on the fixed-income markets.

These three funds are part of a family of new low-expense municipal and income funds from T. Rowe Price. These funds are **100% no load** with no sales charges of any kind. The minimum Summit Fund investment is $25,000.

Achieving higher tax-free income through lower expenses

YIELDS
3.16%
Tax-equivalent 36% tax rate
2.02%
Current yield as of 2/28/94

The Summit Municipal Money Market Fund combines the advantages of federally tax-free income, principal safety, and liquidity.**

YIELDS
6.23%
Tax-equivalent 36% tax rate
3.99%
Current yield as of 2/20/94

The Summit Municipal Intermediate Fund offers a tax-free "middle ground" between a stable, lower-yielding money fund and a more volatile, higher-yielding long-term fund.

YIELDS
7.45%
Tax-equivalent 36% tax rate
4.77%
Current yield as of 2/20/94

The Summit Municipal Income Fund offers the long-term investor, who can tolerate higher risk, an opportunity to maximize tax-free income.

Call 24 hours for a Summit Investment Kit
1-800-341-1209



Invest With Confidence
T.RowePrice

SMF021837

0.5%, 3.2%, and **2.6%** are the total returns for the three months since inception 10/31/93 to 1/31/94 for the Summit Municipal Money Market Fund, the Summit Municipal Intermediate Fund, and the Summit Municipal Income Fund, respectively. These figures are not annualized, and include changes in principal value and reinvested dividends. Total returns represent past performance. Investment return and principal will vary and shares may be worth more or less at redemption than at original purchase. *Some income may be subject to state and local taxes and the federal alternative minimum tax. **The Money Fund's yield is not fixed or guaranteed by the U.S. Government and there is no assurance the Fund will be able to maintain a stable $1.00 net asset value. Yields and share prices of bond funds will vary with interest rate changes. Request a prospectus with more complete information, including management fees and other charges and expenses. Read it carefully before you invest or send money. T. Rowe Price Investment Services, Inc., Distributor.

be destroyed. Now, follow me on this. We all have to die. That is an established fact. The only variable is *when* we die. I've already mentioned the large sum of money — let's be honest — wasted toward the end of life. Isn't it better to save that money and spend it on more worthwhile purposes than a person who's only going to die, anyway? The government is responsible for the welfare of all the people. Shouldn't they decide what's best for the citizenry? It's all very logical."

"But you're talking about murder!" I exclaimed, horrified now and becoming frightened.

"It's just doublespeak," he said reassuringly. "You shouldn't be surprised. The politicians have been feeding it to you for years, and you've eaten it up. You've accepted the concepts of death with dignity, right to die and voluntary euthanasia — and we really scored with our 'duty to die' slogan. It's all very logical once the value system goes."

"But surely the medical profession stood firm against this monstrous plan. Where are they now?"

"You guys never wanted to become involved in politics because it was a dirty game you felt was beneath you. But Doc, politics is power, and the government has it. First they divided you with RBRVS. Then they played with the reimbursement schedules. Then they got you split over government control of health care. You guys never learned that in unity there is strength. You didn't stick together. In the end, people thought maybe their own physician was okay and the rest were just a bunch of money-hungry doctors who really didn't care about patients. That's what happened to you guys.

"But look on the bright side," he continued. "We've saved huge sums on Medicare and Medicaid with our 'duty to die' slogan. Crime is way down since assisted suicide was legalized. We even get extra business from people who pay to have other people assisted . . . if you get my drift. We've also helped with the welfare program. So you can see we've benefitted the whole economy."

"But why me?" I cried.

"Well, Doc, as I said, you've been running up some big bills, and you figure to cost us a lot more in the next few months. Your condition is terminal, anyway, so why not end it all now and save yourself and the family a lot of sorrow and turmoil? After all, it's just a matter of time."

With that, he opened his bag and pulled from it a small pistol. "This is a great tool, Doc. It's a laser gun that severs the spinal cord just above the vital centers. Death is instantaneous, and there's no sign of foul play. Some guys have 'em shaped like little flashlights for looking down the throat, but I can't give up the old feeling of a gun butt in my hand."

He stood over me. "I've really enjoyed talking with you, Doc, but I have other calls to make, so be a good fellow. Open wide and say ahh."

"AAAAAAAAAAH!"

I awoke with a start on the floor in front of my chair. No one was around. Thank (dare I say it?) God! It was just a horrible nightmare; only a bad dream. Certainly nothing like that could really happen . . . could it? W.E.M.

Farming Is First in Occupational Fatalities

Farming is one of the most dangerous occupations in the country, according to the American Academy of Orthopedic Surgeons. In 1991, farming accidents claimed the lives of 1,400 persons and disabled 140,000. Agriculture leads all other industries in occupational fatalities, with a rate of 44 deaths per 100,000 workers. This compares with 43 deaths per 100,000 workers in mining and quarrying.

Farming injuries frequently involve major trauma, according to Robert A. Worsing, M.D., of Overland Park, editor of *Rural Rescue and Emergency Care,* published by the American Academy of Orthopedic Surgeons. "Rescue services usually are called only after there have been attempts to extricate the injured patient," he observed.

Most accidents involve large, heavy machines with sharp cutting and piercing features. "Farmers often work in remote locations, so an accident may go unnoticed for several hours," Dr. Worsing said. Adding to the problem, rescue teams serving agricultural areas may be limited by geographic isolation, extended response time and long distances from medical facilities. The hazards and types of machines used in farming also require special tools and techniques for rescue operations.



We'll save you loads.

You can avoid the expense and hassle of insurance paperwork by filing claims electronically with Blue Cross Blue Shield of Kansas.* Our system speeds up the process on your end, freeing you to handle other responsibilities. Also, filing electronically minimizes the chance of errors. Additional capabilities we'll be introducing down the line promise to make your job even easier in the near future.

To find out more about electronic filing, call your Blue Cross Blue Shield representative— and take a load off your mind.

*An Independent Licensee of the Blue Cross and Blue Shield Association.

PA94

Good-bye, and Thank You



My year as your president has gone so quickly! I have traveled the state from one end to the other — Leavenworth to Garden City, Hays to Independence — bringing news of the Kansas Medical Society and the national health care reform scene to the membership. I've had the great pleasure of making the majority of these trips with my wife, Sarah; and with Cathy Wilcox, President of the Kansas Medical Society Alliance.

With the unfolding health care reform debate continuing, these remain exceptionally exciting times. It seems only yesterday that I was installed as KMS president, but since that time I have made three trips to Washington, D.C. The first was to hear President Clinton's speech on health care reform last fall, at the invitation of Senator Dole. The next was to attend an AMA Federation meeting shortly after the President's speech, and to help the AMA in their lobbying activities; and most recently, in early March, I attended an AMA partnership meeting stressing the medical profession's unity on health care reform. At all of these meetings, we visited Capitol Hill to call on our legislative delegation. At the latter two meetings, we heard many interesting speakers from Congress.

I've also made two trips to Chicago on behalf of KMS. The first was to serve as an alternate delegate to the AMA annual meeting, which is the privilege of each KMS president. I would like to express my gratitude, and that of our whole society, to our most capable AMA delegation, led by Dr. Kermit Wedel. Dr. Linda Warren serves ably on the AMA Council on Constitution and Bylaws. The other members of the delegation are Drs. Jimmie A. Gleason; Lew W. Purinton; Stephen F. Miller; Terry L. Poling; Jay S. Schukman; Roger D. Warren; and Joseph C. Meek, Jr. I found them to be extremely helpful in guiding this "rookie" about the business of the AMA annual meeting, and the interim meeting in New Orleans last December. These delegates are well respected in the house of medicine, speak effectively for the physicians of the state of Kansas, and devote an untold amount of time to their duties serving all of us. Thank you, delegates, from all the members of our society.

Regarding the national health care debate, I've had the privilege of hearing First Lady Hillary Rodham Clinton speak, and I've met twice with Donna Shalala. At the most recent meeting in Washington, we heard from all the major writers of current plans in Congress, including Congressman Jim McDermott (an M.D.), Congressman Jim Cooper, Senator John Chafee, Congressman John Dingle, Senator Edward Kennedy, and Congressman Jay Roy Rowland (another M.D.). I've heard Senator Jay Rockefeller, Congressman Newt Gingrich, Senator Bob Dole, and virtually all the leaders of the congressional delegations, from both sides of the aisle, debating the topics that are being discussed in Washington and around the country at this time.

At the state level, we have moved from "403" Commission meetings across the state to the bill ultimately introduced by the Commission (chaired by Dr. Bill Roy of Topeka). This consists of a single-payer plan for the state of Kansas. Another plan was introduced by KDHE Secretary Robert Harder. Neither of these plans had much support in Topeka and don't stand much chance of passage in the Legislature. We will report further information when it is available.

KaMMCO remains strong and vigorous, especially with the recent introduction of Medical Service Corporation (MSC), which provides even more services to our membership. Recently we have seen an increase in the frequency and severity of lawsuits being brought. But due to our efforts to effect tort reform several years ago — and most importantly due to the competitive influence of KaMMCO, we have numerous carriers available in Kansas to provide the malpractice insurance we require. Our hope for malpractice relief through the collateral source rule, which last year was judged unconstitutional by the Kansas Supreme Court, was embodied in SB 761. It passed in the Senate and the House, but Governor Finney vetoed it.

I feel the most important action the Kansas Medical Society has taken since the formation of KaMMCO is our statewide physician network, which is continuing to develop. At its March 26 meeting, the Council approved proceeding with this valuable organization of physicians, so we should be ready to make a full presentation to

(Continued on page 89.)

...dedicated to managing the costs of operating a medical practice

- allowing physicians to concentrate on the practice of medicine
- offering volume purchasing of forms, paper goods, and office equipment
- developing capacity to offer expert legal advice on contracts, reimbursement, and other legal issues

MSC
MEDICAL SERVICE
CORPORATION

A KaMMCO Company
Sponsored by the Kansas Medical Society

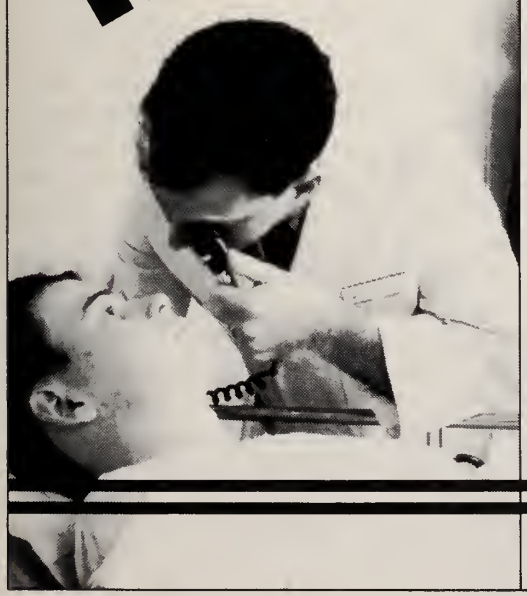
- providing physicians an advocate in areas of purchasing, compliance, and management
- providing practice monitoring, assessment, and complete office management
- acting as a proven advocate for physicians, endeavoring to create a unified voice in medicine

Wichita Office
400 N. Woodlawn, Ste. 106
Wichita, KS 67208
316-681-3425
Fax 316-681-3554

Shawnee Mission Office
8600 Shawnee Mission Pkwy., Ste. 305
Shawnee Mission, KS 66202
913-262-8282 800-779-8201
Fax 913-262-8458

Topeka Office
623 SW 10th Ave., Ste. 200
Topeka, KS 66612
913-232-1015
Fax 913-232-4704

AIM HIGH



GET MORE FOR YOUR RESIDENCY.

Become an Air Force sponsored resident and remain in your training program while you enjoy the pay and benefits of an Air Force officer. Then serve two years as an Air Force physician or specialist...enjoying a great start without the financial/administrative burden of starting a practice. Find out how to qualify for Air Force residency. Call

USAF HEALTH PROFESSIONS
TOLL FREE
1-800-423-USAF

AIR FORCE

Expert Witnesses and Rule 26, Federal Rules of Civil Procedure

WAYNE T. STRATTON, J.D.,* *Topeka*



On December 1, 1993, Congress allowed amendments to the Federal Rules of Civil Procedure to become effective. While many lawyers and legislators expressed strong opposition to the amendments, action by both houses of Congress would have been necessary to prevent the amendments from becoming law. This action bogged down in the Senate, and the amendments are now in effect. They alter considerably the method of discovery of civil actions pending in federal court, including medical malpractice cases. One significant change deals with the responsibilities of expert witnesses.

Rule 26a(2)B requires changes in the way the opinions of experts have traditionally been identified and discovered. For all cases filed after December 1, 1993, the following requirements apply:

1. The identification of a witness who is identified to testify at trial shall be accompanied by a written report *prepared and signed by the witness.* Heretofore it has been permissible for counsel to identify the requested information.

2. The foregoing report must contain a complete statement of all opinions to be expressed and the basis and reasons for them, along with the data or other information considered by the witness in forming the opinions.

3. Any exhibits to be used by the witness as a summary of or support for the opinion shall also be provided.

4. The report shall also include the qualifications of the witness, including a list of all his or her publications within the preceding 10 years.

New federal regulations will affect both witnesses and defendants.

5. The witness shall also include the compensation to be paid for the study or testimony.

6. Finally, the report shall include a listing of any other cases in which the witness has testified as an expert at trial or by deposition within the preceding four years.

Since by their nature medical malpractice cases require expert opinion testimony, these provisions will affect the manner in which such cases will be handled in the future, by both plaintiff and defense counsel.

The amendment places an obligation upon the physician witness to provide information which has heretofore been obtained by counsel through indirect sources and upon questioning of the witness at the deposition. Now the rules place an affirmative duty upon the expert to come forward with the information.

Undoubtedly, this will be a burden for physicians who testify on behalf of health care providers; however, it should assist in the identification of those plaintiffs' experts who testify frequently.

The rules continue to require that the party seeking discovery pay the expert a reasonable fee for time spent and responding to discovery. As a practical matter, this means that the party identifying the expert shall be responsible for the fees involved in preparation of the report, and the adverse party who deposes the witness is responsible for the fees incurred by the expert in providing a deposition.

If these rules work well in practice, it is likely that they will eventually be adopted by the Kansas Supreme Court for application to cases filed in state court. If they prove not to be advantageous, they will likely be repealed, or the federal judiciary in Kansas may elect not to be bound by the provisions. The purpose of the changes is to reduce cost and speed up litigation. Time will tell whether this goal is realized.

*KMS Legal Counsel.

Comments appearing herein are not intended as a substitute for legal analysis or advice. Answers to legal questions depend largely upon the particular facts of a case. The reader is urged to consult an attorney for answers to specific legal questions.

These comments do not necessarily represent the views of KANSAS MEDICINE, or the Kansas Medical Society. For further information, contact Mr. Stratton, 515 S. Kansas, Topeka, KS 66603.



Whenever we come into a state, good sense comes along, nonsense exits. Stability returns to the medical liability insurance market. In nine states 16,000 of our member-insured doctors have been enjoying the new cost climate. Protected by one of the largest medical professional liability monoline insurance company in America. And defended by a firm of medically savvy litigators who close almost 80% of cases without payment. And, year in and out, win 90% of those that go to trial.
For information, call 1-800-228-2335.

THE P•I•E MUTUAL
INSURANCE COMPANY

North Point Tower
1001 Lakeside Avenue
Cleveland, Ohio 44114
800-228-2335

4600 Madison Avenue
Suite 1224
Kansas City, Missouri 64112
816-561-5523
800-PIE-KCMO

Insurance Management
Corporation
IMC Plaza, 4333 Madison
Kansas City, Missouri 64111
816-756-1410
800-279-7500

Facing Change with Hope: Reprise



Dear Physicians of Kansas,

I have worked through this year with the concept of hope always traveling beside me. My theme for the year, "Facing Change with Hope," has proved to be a support to me and, I hope, to others. We didn't know at the beginning of the year how rapidly change would take place for medicine in Kansas and across the nation — and we still don't know. What we do know is that change is inevitable.

KMSA itself began the year with a change: our new name "Alliance." Our members, as well as KMS members, have made strides to adjust to this new name. About one-half of our county groups have adopted the name Alliance, and more are anticipating this change in the future.

As my travels have taken me from my home in the western plains to the Flint Hills, and from the north to the south and east, I have made many new friends and renewed many old friendships. With each county organization I have visited, I have been impressed and proud of the impact being made by these groups to shape our tomorrow. In several cases, local groups have told me outright that they are not doing any specific project for the auxiliary/alliance. But investigating further, I discovered they had forgotten to mention their time spent on projects which have become routine to them, but have offered long-standing assistance in their communities. They forget they are making a difference and have for years on all their community projects, whether undertaken under the name of auxiliary, church, school, book club or other group. I am impressed with the dedication of medical spouses in our state.

The Alliance officers and chairmen have led our projects and activities in a dedicated manner throughout the year. Their commitment to our organization and their desire to support the activities which promote health in Kansas have been encouraging and have contributed that spark of hope mentioned above. Highlights of the year's activities include:

- **AMA-ERF Projects.** Although these projects are often disguised as fun, they are of great value to the future of medical education — and of medicine itself, as we work to support our medical schools.
- **Health Promotion.** We have promoted breast cancer prevention and the American Cancer Society guidelines across the state. If one person is encouraged to have a clinical exam, a mammogram or a self-exam, and that act saves a life, the efforts this year have certainly been worthwhile.
- **Violence Prevention.** During my travels, I have challenged each physician and spouse I have met to do his or her part for this epidemic in our communities. The Child Abuse Prevention Workshop was a very worthwhile endeavor, and I grew personally from my attendance at that event. Another project we can be very proud of having initiated in Kansas was brought to our attention at our annual national convention by West Virginia. Following their lead, we have been successful in having a paragraph added to marriage license applications. This states that the parties have the right to enter into marriage and live within a marriage free from violence and abuse. It also states that Kansas laws prohibit domestic violence. These applications have been printed and are ready to use.
- **Legislative Affairs.** Our February meeting and reception, though somewhat affected by weather conditions, was a beneficial interaction with our legislators and an education for our members, as we attended legislative hearings and had the benefit of speakers who increased our legislative awareness.

Throughout the year, I have watched the efforts of KMS President Dr. Arthur Snow as he spoke at each Council meeting, imparting the latest information on health care reform. He spent a great deal of time at other meetings this year keeping himself up-to-date on the latest developments, and he worked to educate groups and individuals across the state about this concern.

I have been present as the KMS Executive Committee has worked on behalf of all physicians, taking very seriously the consequences of their actions throughout the state. I have spent time in the KMS office, where I have been privileged to work with the great KMS staff, who have welcomed me and helped with my projects throughout the year. They are a great group of professional people!

It has truly been a privilege as well as my pleasure to serve this organization. I have learned a great deal about the state, our organizations and medicine in Kansas. I have learned that there is no better place to be in America or in the world for raising children, enjoying a quality lifestyle and receiving health care.

Now we look ahead to a new year in KMSA with

Nancy Craig, of Newton, as our president. I am confident that under her leadership the Kansas Medical Society Alliance will have a great year. I appreciate your support of me and of the Alliance projects this year, and I look forward to continuing my support of the KMS and Alliance in the future. I hope to see you at the Annual Meeting in Manhattan.

Farewell and God bless!

Cathy Wilcox

PRESIDENT'S MESSAGE

(Continued from page 84.)

the House of Delegates at the end of this month and, if it is approved by the House, shortly thereafter we will be prepared to sign physicians up for the plan and offer health insurance coverage. Subcommittees are currently setting meetings to establish governance structure and financing, and further details will be available soon.

I cannot express enough my appreciation to our able staff in the Topeka office: Jerry Slaughter, ably assisted by Chip Wheelen, Nancy Sullivan, Gary Caruthers, Carolyn Price, Allison Peterson, Donna Decker, Susan Ward and all of the other staff members who have made my job easier. These people provide support to the entire membership in untold ways.

Now Dr. Don Brada, our incoming President, prepares to take office. As I fade into the background to join those who have previously held this position, I am certain that as he travels across Kansas Dr. Brada will be as enthralled as I have been by our staff in Topeka, as well as by the members of our great state's medical society. I congratulate you, Don, and I hope for you the best. May your year be as rewarding as mine has been.

Lastly, I implore all of our membership to remember that, based upon the will of all of us the ship of medicine will continue sailing — or flounder and run aground. Now is the time for us to come together in the house of medicine, which I feel is the greatest reason for the statewide physician network to be developed and to succeed. The future of medicine is as bright as we allow it to be. Only by working together can we assure its success. We must all continue our good efforts, and I'm sure with Don's leadership over the next year we *will* succeed.

Thank you all for the assistance you've given me this year.

Arthur D. Snow, Jr., M.D.



"I'm practicing medicine the way I think it should be practiced, sans the paperwork and administrative overload."

Owen Brodie, MD, joined CompHealth's locum tenens medical staff in 1989, after 21 years in private practice. Since then he's worked in temporary assignments in state facilities, filled in for attending physicians, covered for private practitioners across the country.

A pilot. A historian. A board-certified psychiatrist. Southern to a fault. Owen Brodie knows...

It's a great way to practice medicine

CompHealth

LOCUM TENENS

1-800-453-3030

Salt Lake City ■ Atlanta ■ Grand Rapids, Mich.

NATIONAL RURAL HEALTH ASSOCIATION

Building Bridges – Leading the Way

17th Annual National Conference on Rural Health
May 25–28, 1994
San Francisco, California

For information call:
816-756-3140

Breast Cancer Detection: Improving the Efficacy of Screening Mammography

NANCY L. BRECHEISEN, M.D.;* AND THOMAS E. SNYDER, M.D.†

Breast cancer continues to be a major public health problem throughout the world. In the United States, breast cancer is the most common cause of cancer in women and is second only to lung cancer as a cause of cancer death, accounting for 19% of all female deaths.[1] Current incidence rates from the American Cancer Society estimate the chance a woman will develop breast cancer some time during her lifetime is now one in nine.[2]

Age-adjusted mortality has remained relatively constant since 1930, with 26 to 28 deaths per 100,000 female population per year.[3] Age-adjusted incidence has been slowly rising; however, between 1980 and 1987 the rate rose by 32%. Prior to 1980, most of the increase in incidence occurred in post-menopausal women, but now the disease is becoming prevalent in pre-menopausal women, especially young black women.[4] It is unclear, currently, how much of the rising incidence may be attributed to early case detection by screening programs and how much is a true increase.

Mammography has evolved into a tool now capable of diagnosing breast cancer at early stages, thus improving survival. Why then, with advances in technology, is the mortality rate for breast cancer not decreasing as well? Examination of the evolution of screening techniques, major risk factors and current screening guidelines may provide viable solutions to existing barriers. Effective utilization of screening measures throughout the general population, combined with earlier detection and subsequent improved survival may, finally, diminish the mortality rate of this disease.

Evolution of Screening

Screening for breast cancer began in the 1940s and 1950s with the use of periodic physical examinations of women's breasts at cancer detection centers. The addition of screening mammography to the history and physical exam, in the late 1950s and early 1960s greatly improved survival. The Health Insurance Plan (HIP) screening project of Greater New York from 1963 to 1966 was the first randomized trial to reveal significant reduction in mortality from breast cancer in women over the age of 50 who were systematically evaluated. Sixty-two thousand women were placed in a randomized, prospective study of physical exam and mammography. At five-year follow-up, the mortality from breast cancer was more than 50% lower for women over the age of 50 in the screened group than for women in the unscreened group. This effect gradually decreased to 21% after 18 years of follow-up.[5] Approximately two-thirds of the benefit was attributed to the clinical exam and the remaining one-third to mammography.[6] Cancers detected by mammography alone were more often smaller, and a few patients with minimal disease (in situ or < 1 cm) cases were discovered. The reduced mortality in the study group was secondary to a large group of these women with stage I disease.[7]

The American Cancer Society and National Cancer Institute implemented the Breast Cancer Detection Demonstration Project (BCDDP) to test the feasibility of HIP-type screening programs on a large scale from 1973 to 1981. This project screened more than 280,000 women in the United States, at 29 centers, using clinical examination and mammography. The results of this group were compared with national cancer surveillance programs. One-third of the cancers were in women under the age of 50, and 42% of the cancers were detectable only on mammography.[8] Fifty-nine percent of all non-infiltrating (early stage) cancers were detected by mammography alone, versus 6% detected only by use of clinical examination.[8] These results reveal the role of mammography for detecting breast cancers early in the disease course, with better eventual prognosis.

*Wichita
†Dept. of Gynecology & Obstetrics, KUMC-KC
Address correspondence to Dr. Snyder at 3901 Rainbow Boulevard, Kansas City, KS 66160-7316.

In the BCDDP study, cumulative 5-year relative survival rates (observed rates adjusted for normal life expectancy) for women with breast cancer under 50 years, and 50 years and over at age of diagnosis, were 91% and 89%, respectively. Five-year survival rates for women with intraductal in-situ breast cancers for the under-50-years and 50-years-and-older age groups demonstrated improved results, with 99% and 98% survival, respectively.[8] Five-year survival rates in the BCDDP participants were higher than breast cancer survival rates in the national sample groups. Since there were no internal controls in this study, effects generated by selection bias and lead-time bias were uncertain.[9] Survival rates dropped dramatically with increased tumor size and involvement with lymph nodes. Simply stated, the earlier the diagnosis, (usually) the better the prognosis.

Current Screening Guidelines

Current guidelines for mammography (see Table 1) were developed by the American College of Radiology in 1976, revised in 1982, and endorsed by the American Cancer Society in 1983. They are currently under reevaluation by ACR.[10] If these guidelines were followed for the entire population, a significant number of breast cancers would be detected at an earlier stage, thus lessening the traumatic consequences of breast cancer and eventually influencing the mortality rate.

Risk Factors

Numerous possible risk factors have been implicated for the development of breast cancer. Increasing age, country of birth, and history of breast cancer in both mother and a sister indicate those patients with the greatest relative risk. Table 2 presents established risk factors, together with their approximate relative risks. Currently, only one-fourth of all breast cancers can be attributed to a specific recognized risk factor.[11] These cannot be the sole selection factors used when recommending women for mammography. Other risk factors, still to be identified, must exist.

Barriers to Solutions

1. Patients/Physicians. In 1986, the National Cancer Institute Breast Cancer Screening Consortium performed a National Health Interview Survey of 7,011 women regarding breast cancer screening. Fifty-three percent of respondents stated they had "not perceived a problem" and/or "never thought about it" as the reason for never having a mammogram.[12] The second most common reason given (28%) was that their doctor had never recommended mammography.[12] How can we overcome these obstacles in both the lay and professional populations?

Public awareness campaigns are needed, showing the benefits of screening mammography. Funded by participating hospitals or clinics, these advertisements could address screening guidelines and major risk factors, and place radiation fears in perspective. With this increased knowledge, the patient could discuss with her physician the need for mammography, or be self-referred to an appropriate screening facility. Numerous studies have shown that most physicians will prescribe mammography at the patient's request, and if the physician recommends a mammogram the patient is more likely to obtain one.[13] Once in a screening network, annual notices could be sent by the providing network, listing the recommended guidelines and urging participants to obtain a mammogram and physical examination.

Most primary care physicians recognize the need for screening mammography, but raise concerns about patient reluctance, monetary cost and radiation exposure. Public awareness messages also reach the physician, addressing these concerns. Physicians need to be comfortable with the screening guidelines so they can educate patients

TABLE 1
CURRENT SCREENING GUIDELINES

1. Symptomatic women:
   Mammography is an essential part of the diagnostic work-up; to assess the area in question, rule out unsuspected malignancy, and as baseline for future reference.
2. Asymptomatic women (screening):
   a. All women should be taught breast self-examination by age 20, and have an annual breast exam by a physician after age 35.
   b. Baseline mammography should be obtained between ages 35 and 39.
   c. Biannual follow-up mammography between ages 40 and 50; yearly in high-risk individuals.
   d. Annual mammography and physical exam for all women over age 50.

TABLE 2
ESTABLISHED RISK FACTORS FOR BREAST CANCER IN FEMALES

Risk Factor	*High-Risk Group*	*Low-Risk Group*	*Magnitude of Differential*
Age	Old	Young	***
Country of Birth	North America Northern Europe	Asia, Africa	***
Socioeconomic Status	High	Low	**
Marital Status	Never married	Ever married	*
Place of Residence	Urban	Rural	*
	Northern US	Southern US	*
Race >45 years	White	Black	*
Race <40 years	Black	White	*
Nulliparity	Yes	No	*
Age at first full-term pregnancy	>30 years	<20 years	**
Oophorectomy premenopausally	No	Yes	**
Age at menopause	Late	Early	*
Age at menarche	Early	Late	*
Weight, postmenopausal women	Heavy	Thin	*
History of cancer in one breast	Yes	No	**
History of benign proliferative lesion	Yes	No	*
History Breast CA — First degree relative	Yes	No	**
History Breast CA — Mother & Sister	Yes	No	***
History 1º ovarian?endometrial CA	Yes	No	*
Mammographic parenchymal patterns	Dysplastic	Normal	**
Radiation to chest	Large doses	Minimal	**

*** Denotes relative risk of greater than 4.0
** Denotes relative risk of 2.0 to 4.0
* Denotes relative risk of 1.1 to 1.9

Modified from Kelsey [11]

to obtain screening mammography to detect cancer at its earliest stages.

2. Cost. Mass screening costs are one of the major limitations in today's society. Average screening mammography costs are usually $100 to $125, but may range from $50 up to $250.[14] By 1990, 26 states had passed laws requiring insurers to reimburse part or all of the cost, and Medicare allowed up to $50 for screening mammography.[15] In the Kansas Medicaid program, mammograms are covered if medically necessary, ordered by a physician and interpreted by a radiologist.[14] Medicare covers mammogram costs for a personal history of breast cancer. Costs could be reduced by: increasing the number of mammograms done per day; decreasing the interaction time of the radiologist; and making the screening facility an entity independent from traditional hospital settings.[16]

Feasibility studies at the Susan G. Komen Breast Center in Dallas, Texas, illustrated that providing mobile mammography in the workplace would lower cost, and women were more likely to participate by self-referral.[17] Media announcements had a positive effect,[18] making women aware of the necessity for screening in the healthy, asymptomatic population.

3. Radiation dose. With the improved film/screen mammography techniques, radiation dose experience in four-view screening mammography is currently 0.2 rads (2mGy) or less.[19] No female to date has been shown to develop breast cancer as a result of having undergone multiple yearly mammograms at this dose.[19] Excess numbers of breast cancers with long latency, observed in populations exposed to high radiation doses (100 to 2,000 rads), such as atomic bomb survivors, have raised concerns.[20] These breast cancers, allegedly from higher doses, may be perceived as risks by the patient and/or physician and may be an additional reason why physicians do not routinely recommend mammograms as the ACS guidelines suggest. The American Cancer Society recognizes the radiation risk, but feels it is negligible when compared with proven benefits from earlier detection.[21]

4. Variable Mammographic Accuracy. Inconsistent mammography results in the past have led to skepticism as to whether the obtained mammograms would be diagnostic. Over the past 20 years, significant improvements have occurred in mammographic equipment and screen-film-pro-

cessing systems. Today it is possible to obtain mammograms with improved image quality at a significantly lower dose.

Advancements in equipment have led to the development of "dedicated" low-kilovoltage mammographic units, with specially designed molybdenum targets, smaller focal spots and improved breast compression devices.[22] These changes allow sharper images to be obtained, with less artifact or motion. Adequate breast compression is a major factor in production of quality films. Immobilizing the breast produces a uniformly thick structure, while motion, structural distortion and radiation scatter are kept to a minimum. This allows for optimal penetration of the breast tissue, without burn-out of the nipple structures, or loss of chest wall penetration.[23]

Recently, mammographic accreditation programs have been developed to provide quality assurance regulations, with emphasis on maintaining image quality and limiting radiation dose. The American College of Radiology Mammography Accreditation Program requires completion of questionnaires regarding type of x-ray equipment, image receptors, processing and quality control measures; submission of mammograms for evaluation by a panel of radiologists; submission of breast phantom images to be evaluated by a panel of medical physicists; and radiation dose evaluations.[24] For mammographic programs meeting these standards, accreditation is granted for three years.

The x-ray technologist plays a key role in production of accurate images. Competent technologists select appropriate exposure factors and implement accurate positioning and compression on a consistent basis. A separate mammography registry is currently available for registered radiographic technologists who perform mammograms on a routine basis, though this is not mandatory. In breast-imaging clinics, the technologists' role increases as they perform quality control tasks.

An informed, motivated radiologist is also paramount to the success of screening mammography. The radiologist needs to be knowledgeable in the radiographic presentation of early breast cancer and must be willing to request further studies when necessary, whether they be magnification views, sonography or MR scanning of the breast. Overall, consistent, high-quality film production and accurate diagnosis will dramatically improve early detection of breast cancer.

Summary

Throughout the history of medicine, screening measures have had a positive impact in the early detection of numerous types of cancer. Mammography is a viable screening tool for breast cancer, especially if it is utilized by the entire population. Overcoming limitations such as uninformed patients, reluctant physicians, high cost, misconceptions regarding radiation and inconsistent accuracy will allow more women to be screened effectively. Mammographic screening does not prevent breast cancer, but by aiding detection it may prolong survival and prevent death from the disease. Increased awareness and involvement by patients and physicians, coupled with modern techniques of mammographic screening, may diminish the ever-constant mortality rate of breast cancer.

REFERENCES

A list of references is available from Dr. Snyder.

NIH Consensus Development Reports Are Available from the KMS Office

The National Institutes of Health have issued the following reports on their Consensus Development Conferences. If you would like to receive any of these reports, please call the KMS office, 800-332-0156, or 913-235-2383.

Impotence, Dec. 7-9, 1992.

Early Identification of Hearing Impairment in Infants and Young Children, March 1-3, 1993.

Gallstones and Laparoscopic Cholecystectomy, September 14-16, 1992.

Triglyceride, High-Density Lipoprotein, and Coronary Heart Disease, February 26-28, 1992.

Diagnosis and Treatment of Early Melanoma, January 27-29, 1992.

Treatment of Panic Disorder, September 25-27, 1991.

Diagnosis and Treatment of Depression in Late Life, November 4-6, 1991.

Radiological Evaluation of Extramedullary Plasmacytoma

MURALIDHARA G. RAO, M.D.,* AND RAM VENKATESH, M.D.,† *Leavenworth*

Extramedullary plasmacytomas (EMP) are rare tumors of plasma cells, 80% of which occur in the head and neck. The most frequent sites are in the upper respiratory tract, namely, the nasal cavity, paranasal sinuses and nasopharynx. EMP may be primary or secondary. Primary EMP show no evidence of disease in other locations. In 5% of patients with EMP, there may be coexisting multiple myeloma (MM).[1] We report a patient with EMP and MM, including a description of findings on plain films, bone scan, CT and MR.

Case Report

A 69-year-old white male sought medical attention for evaluation of neck pain of 4 months' duration radiating to the occiput. Physical examination was unremarkable except for restricted neck movement. A bone scan demonstrated focal increase in uptake at the base of the skull adjacent to the clivus. Skull x-rays did not demonstrate any obvious abnormality at this location; however, punched-out lesions typical of MM were evident in the skull.

Hemoglobin was 12.7 gm/dl, and hematocrit was 37%. Serum total protein and gamma globulin were elevated to 8.8 gm/dl and 3.3 gm/dl, respectively. Serum IgA level was 2430 mg/dl (normal: 70-312). IgG and IgM levels were normal. Urine immunoelectrophoresis demonstrated IgA in the urine. Bone marrow biopsy revealed 40% plasma cells.

A CT scan of the head demonstrated a large tumor mass at the base of the skull with bone destruction of the clivus and a portion of the right petrous bone (Figure 1). MR study of the head showed a large tumor mass in the area of the clivus extending superiorly in to the sphenoid sinus and inferiorly to the foramen magnum (Figure 2). At surgery, a soft, fleshy mass was noted in the floor of the sphenoid sinus. Biopsy revealed sheets of plasma cells consistent with EMP. Final diagnosis was MM with EMP involving the clivus and sphenoidal sinus.

Discussion

MM is a malignant proliferation of plasma cells. Findings in MM include: presence of monoclonal antibodies in the serum or urine; 10% or more marrow plasma cells; and one or more ancillary findings, not attributable to another cause. These ancillary findings are anemia, lytic lesions, renal insufficiency, hypercalcemia and bone marrow plasma cell labeling index of >1.[2]

The term EMP refers to plasma cell neoplasm arising outside the bone marrow. These tumors have a predilection for submucosal tissues of the upper respiratory tract. They are usually solitary but may occur in association with MM, as was the case with our patient. In a patient presenting with EMP, diagnostic workup should include a careful evaluation for MM. Conversely, in a patient with MM presenting with a mass in the upper respiratory tract, a diagnosis of EMP should be entertained.



Figure 1. Post-contrast CT scan shows soft tissue mass in the clivus (arrow), extending into the sphenoid sinus. Bone destruction involving the clivus and right petrous bone is well depicted. The tumor appears to merge with the brain stem.

*Nuclear Medicine Service, VAMC Leavenworth; and Radiology Dept., KUMC-KC

†Neurology Section, VAMC Leavenworth; and Neurology Dept., KUMC-KC

Address correspondence to Dr. Rao at Dwight D. Eisenhower DVA Medical Center, Leavenworth, Kansas 66048.

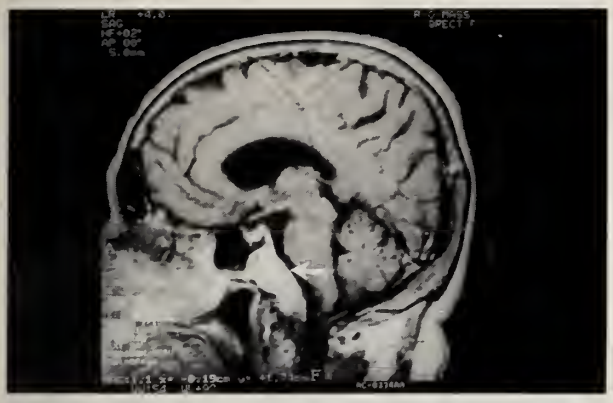


Figure 2. Sagittal T_1 weighted image shows the tumor (arrow) extending into the sphenoid sinus superiorly and foramen magnum inferiorly. Clear separation of the tumor mass from the brain stem is seen.

CT provides excellent mapping of the location and extent of sinonasal EMP. Some authors have reported soft tissue mass with minimal bony destruction, while others have reported more extensive bony destruction on CT.[3,4] The role of MR imaging in patients with sinonasal EMP is not defined in the literature. In our patient, bone scan was helpful to localize the abnormality. Plain films of the skull alerted us to the possibility of coexisting MM. CT was helpful to confirm bone destruction and image the large tumor mass. MR defined the extent of tumor mass better than CT.

The radiographic appearance of EMP is not specific on CT or MR. Therefore, most patients will need a biopsy and histological diagnosis. However, the appearance of soft tissue mass, with or without bony destruction in the nasopharynx, in a patient with MM should alert the clinician to the possibility of EMP.

In conclusion, we presented a patient with secondary EMP and MM. Radiologic workup pointed to the source of patient symptoms and coexistent MM. The extent of the EMP was well depicted on CT and more precisely on MR, facilitating local radiation therapy to alleviate the patient's symptoms and control the disease.

REFERENCES

1. Kapadia SB, Desai U, Cheng VS. Extramedullary plasmacytoma of the head and neck: A clinicopathologic study of 20 cases. *Medicine* 1982;61:317-29.

2. Griepp PR. Advances in the diagnosis and management of myeloma. *Semin Hematol* 1992;29:24-45.

3. Kondo M, Hashimoto S, Inuyama Y, et al. Extramedullary plasmacytoma of the sinonasal cavities: CT evaluation. *J Comput Assist Tomogr* 1986;10:841-44.

4. Fueredi GA, Czarnecki DJ, Cooley PA. Evaluating EMP with computed tomography. *Wis Med J* 1989;88:15-16.

PREVENTIVE MEDICINE

(Continued from page 97.)

nearly 60% of U.S. adults fail to exercise adequately. Approximately 50% do not utilize effective disease screening that is readily available in their communities. Failure to use seatbelts, cigarette smoking and overweight are also quite common.

It is persuasively argued in the *Guide to Clinical Preventive Services,*[4] the report of the United States Preventive Services Task Force, that in view of the data given above the medical community can have a significant impact by aggressively practicing disease prevention. Health care givers should utilize every opportunity to encourage their patients to follow a physically active lifestyle; avoid tobacco, excessive alcohol consumption, and high caloric intake; and always wear seatbelts while in vehicles.

Vaccines should be offered according to standard recommendations.[4] Screening tests for which effectiveness has been established should be strongly advised and routinely reviewed at every visit. By interviewing to limit just a few prevalent yet potent health-adverse behaviors practiced by the U.S. population, physicians can help to achieve substantial reductions in morbidity and mortality.

REFERENCES

1. Centers for Disease Control. Mortality patterns, United States, 1988. *MMWR* 1991;40(20):493-98.

2. Hahn RA, Teutsch SM, Rothenberg RB, Marks JS. Excess deaths from nine chronic diseases in the United States, 1986. *JAMA* 1990;264:2654-59.

3. Centers for Disease Control and Prevention. Behavioral risk factors surveillance, 1991: Monitoring progress toward the nation's year 2000 health objectives. *MMWR* 1993;42(ss-4):1-16.

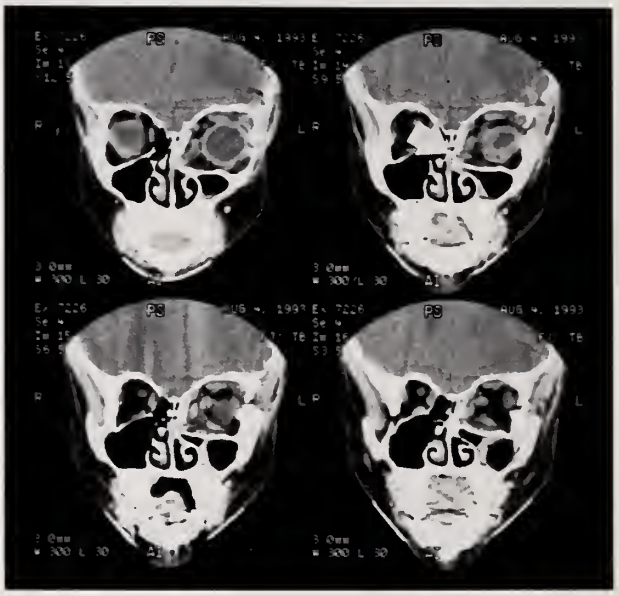
4. U.S. Preventive Services Task Force. *Guide to Clinical Preventive Services* (Baltimore: Williams & Wilkins, 1989).

RADIOLOGY VIGNETTE

Blowout Fracture of the Orbit

DAVID BRAKE, M.D.,* *Kansas City*

A seven-year-old sustained injury in a three-wheeler accident when the handlebars struck the child's left fronto-temporal area. Initial presentation included left, third cranial nerve palsy, complete medial gaze deficit, limited up-and-down gaze and minimal limitation of lateral gaze in the left eye.



Imaging Findings

The most informative examination was a CT scan of the orbits, including coronal scanning. This exam showed a blowout fracture of the medial two-thirds of the left orbit floor and the inferior half of the left orbit's medial wall. There was entrapment of the anterior portion of the medial rectus muscle in the area of the medial wall blowout. A small bony fragment impinged on the medial and posterior aspects of the inferior rectus muscle, and the posterior aspect of the medial rectus muscle.

Imaging of blowout fractures of the orbit often begins with plain films of the facial bones, including a modified Water's view, which is a film obtained with the beam parallel to the floor of the orbit. Because of the presence of hematoma in the maxillary sinus, and because plain film radiographs are not capable of identifying the extraocular muscles, CT scanning is often necessary to fully evaluate blowout fractures of the orbits. CT scanning is helpful in locating and identifying the fracture fragments involved, as well as the condition and position of the extraocular muscles, in preparation for reconstruction of the orbit walls.

*Dept. of Radiology, UKSM-Wichita
Address correspondence to Dr. Brake at 1010 N. Kansas, Wichita, Kansas 67214.

CARDIOLOGY NOTES *(Continued from page 100.)*

agulation be omitted for patients with no evidence of left atrial thrombus immediately prior to cardioversion. Fatkin cautions that some patients without pre-cardioversion evidence of left atrial thrombus will experience embolic events and suggests that electrical cardioversion may, itself, transiently increase the likelihood of embolization.

While awaiting definitive guidelines, at least three weeks of warfarin therapy seems appropriate for most patients prior to DC cardioversion. The presence of left atrial thrombus, and possibly spontaneous contrast, by esophageal echocardiography suggests the need for a longer period of pre-cardioversion anticoagulation. The absence of left atrial thrombus may permit early cardioversion in selected patients.

REFERENCES

1. Manning WJ, et al. Cardioversion from atrial fibrillation without prolonged anticoagulation with use of transesophageal echocardiography to exclude the presence of atrial thrombi. *N Engl J Med* 1993;328:750.

2. Grimm RA, et al. Should all patients undergo transesophageal echocardiography before electrical cardioversion of atrial fibrillation? *J Am Coll Cardiol* 1994;23:533.

3. Fatkin D, et al. Transesophageal echocardiography before and during direct current cardioversion of atrial fibrillation: Evidence for "atrial stunning" as a mechanism of thromboembolic complications. *J Am Coll Cardiol* 1994;23:307.

Unhealthy Behaviors Kill Most Americans

DAVID G. MEYERS, M.D.,* *Kansas City*

More than three-fourths of deaths in the United States are caused by the first seven leading causes of death: heart disease, cancer, stroke, unintentional injury, chronic obstructive lung disease, pneumonia-influenza, and diabetes mellitus (Figure 1).[1] Many of these deaths are preventable, or their morbidity may be delayed by modifying unhealthy behaviors. A recent Centers for Disease Control (CDC) study estimated that avoiding certain unhealthy behaviors could reduce deaths attributable to nine major chronic diseases by up to 54%.[2]

The most health-adverse behavior is cigarette smoking, which accounted for 33% of deaths in the CDC study (Figure 2). Specifically, cigarette smoking contributed to 25% of deaths from coronary heart disease, 25% of deaths from stroke, 81% of deaths from chronic obstructive pulmonary disease, and 86% of deaths from lung cancer.

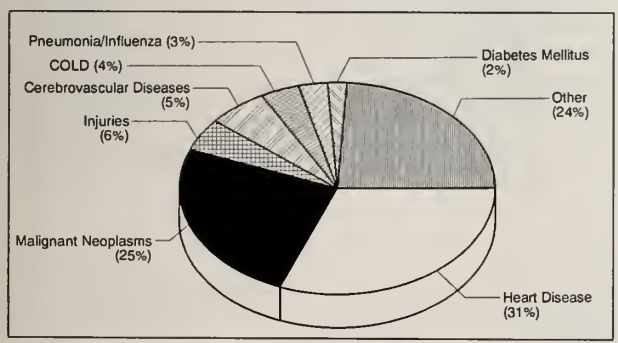


Figure 1. Causes of death.

No other risk factor contributes so importantly to so many diseases.

Overweight (more than 20% above desired), sedentary lifestyle (leisure physical activity of less than 20 minutes thrice weekly), and failure to detect hypercholesterolemia (more than 240 mg %) and hypertension (systolic pressure greater than 140 mm Hg or diastolic pressure greater than 90 mm Hg) are also important health-adverse behaviors. Untreated diabetes mellitus, alcohol abuse (more than two drinks daily), and failure to utilize highly effective screening tests such as mammography and the Papanicolaou smear contributed to a smaller proportion of premature/preventable deaths.

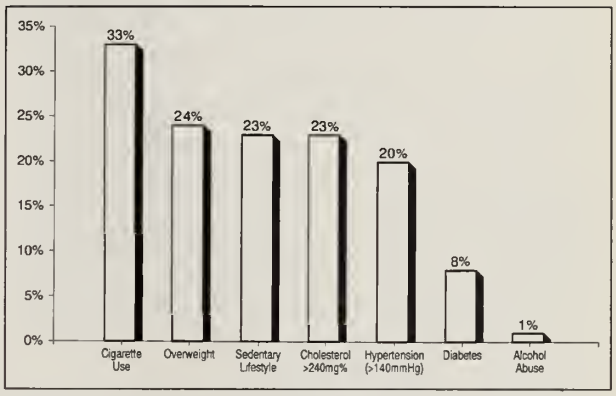


Figure 2. Proportions of deaths attributable to risk factors. Deaths due to coronary heart disease, stroke, chronic obstructive lung disease, lung cancer, breast cancer, colorectal cancer, cirrhosis and diabetes mellitus.

As shown in Figure 3, health-adverse behaviors are surprisingly common in the United States population.[3] Broad-based surveys indicate that

(Continued on page 95.)

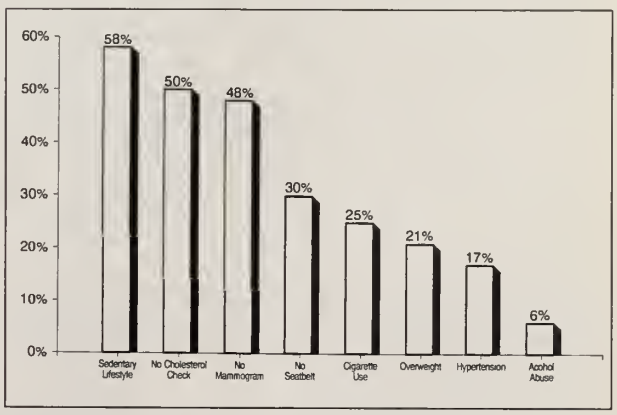


Figure 3. Prevalence of adverse health behaviors.

*Div. of Cardiovascular Disease and Dept. of Preventive Medicine, KUMC-KC

Address correspondence to Dr. Meyers at 3901 Rainbow Boulevard, Kansas City, Kansas 66160-7378.

Pediatric Blood Lead Testing in Kansas, 1993

Pediatric lead poisoning is widespread throughout the United States. In 1984, seventeen percent of all preschool children were estimated to have blood lead levels ≥15 mcg/dl. Lead is ubiquitous in the environment, and may be found in and around the home in the form of lead-based paint and lead-contaminated dust or soil. Children commonly become poisoned after lead ingestion by pica or through food or water contamination. In 1991 the Centers for Disease Control and Prevention changed the threshold for intervention for blood lead from ≥25 mcg/dl to ≥10 mcg/dl, in response to scientific evidence of adverse events occurring in children with levels as low as 10 mcg/dl.

In 1992, the Kansas Health and Environmental Laboratory developed the capacity to analyze blood lead levels. Blood lead is the preferred method for screening because measurement of erythrocyte protoporphyrin levels cannot reliably detect lead levels <25 mcg/dl. This report examines the blood lead results for children aged 6 to 72 months tested by the State Laboratory in 1993. Specimens (n = 4,327) were received from local health departments representing 85 counties. Duplicates and non-analyzable samples were excluded from the analysis (n = 733). Of the 3,594 remaining specimens, the majority (65%) of children tested were 36 months of age or older. Of the 3,485 samples for which information on gender was available, 1,781 (51%) were from boys and 1,704 (49%) were from girls.

Among screened children, 545 (15.2%) of the 3,594 children had blood lead levels ≥10 mcg/dl (Figure 1). These children were geographically dispersed throughout Kansas. Children aged 12 to 35 months had an increased risk (20.0% had blood lead levels ≥10 mcg/dl), compared to children in other age groups (13.1% had blood lead levels ≥10 mcg/dl). Figure 2 shows by age groups the percentage with elevated blood lead.

There are two limitations to the findings of this study. First, the children in it represented a convenience sample of children seen at local health departments in Kansas. The results do not represent a random sample of all children in the state. Second, the study was based on single capillary blood specimens, which sometimes yield falsely elevated results. Therefore, this analysis may overestimate the number of lead-poisoned children in Kansas.

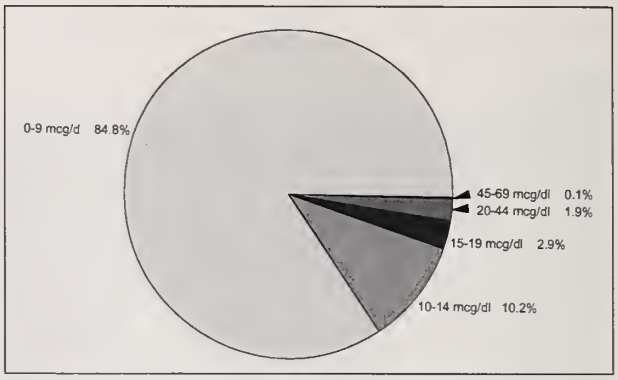


Figure 1. Blood lead results among children (n= 3,594) aged 6 to 72 months in Kansas, 1993.

These data indicate that Kansas children are at risk for lead poisoning. Poisoned children often remain asymptomatic until blood lead levels become dangerously high. Therefore, all children should be screened. The focus for universal blood lead screening should be children aged 6 to 72 months, as per CDC guidelines. However, the highest priority for screening should be given to children younger than 36 months, as these children engage in the most hand-to-mouth activity and therefore have the highest risk of lead ingestion. Copies of the CDC and KDHE guidelines for childhood lead poisoning prevention may be obtained from the Bureau of Disease Control by calling (913) 296-5586.

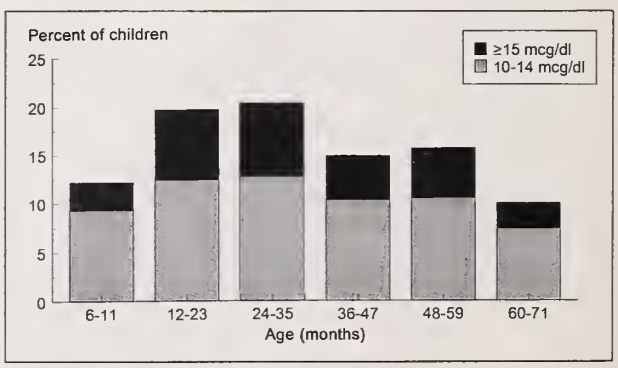


Figure 2. Percent of children (n = 3,594) with elevated blood lead results by age groups in Kansas, 1993.

Reported by: Epidemiology Section, Bureau of Disease Control, and Kansas Health and Environmental Laboratory.

CLASSIFIED ADVERTISEMENTS

Classified advertisements are $7.50/line for KMS members; $9.50/line for non-members; 5-line minimum. Payment must accompany copy. Deadline is 20th of the month preceding month of publication. Box numbers are available at no charge. All advertisements are accepted subject to approval by the Editorial Board.

TIRED of on-call responsibilities and days that blend together with no family time in between? Are you frustrated that you have become more of a businessman than a clinician? Emergency Medicine allows you a set schedule, guaranteed income and the elimination of administrative costs & headaches, while you practice the art of medicine. Opportunities exist in several locations throughout Central & Western Kansas that will allow you to pursue your career as you had intended. Professional liability insurance can be procured on your behalf. Join the expanding field of emergency medicine and leave the business world behind. Call Brian Nunning at 1-800-326-2782 for a confidential, non-obligatory discussion of settings and volumes, or fax your CV in confidence to 314-291-5152. Coastal Emergency Services of St. Louis, Inc.

FAMILY/GENERAL Practice doctor needed for Spearman, Texas, in Texas Panhandle. Tax-supported, modern 28-bed hospital. Good backup. Award-winning schools and strong community support for hospital. For further information, contact Jerry Lewis of The Lewis Group at 1-800-666-1377.

ASSOCIATE PHYSICIAN: Women's Health Care. Compassionate physician, male or female, with surgical experience (FP, surgery, EM, OB/GYN) to participate in first- and early-second-trimester (14 weeks) abortion practice. Two to four Saturdays/month in Wichita, Kansas. Fee for service and no overhead. Send resume to George R. Tiller, M.D., Medical Director, WHCS, 5107 E. Kellogg, Wichita, KS 67218.

CLASSIFIED ADVERTISEMENTS are an economical way to advertise medical equipment or practices for sale, positions offered or desired, real estate rentals or sales, collectibles, etc. KMS members receive a discount, making the rate even more attractive! Call Susan Ward at KMS, 800-332-0156 or 913-235-2383 to place your ad.

Emergent Business Capital

Giving Physicians The Long Term Credit They Deserve...

Specializing in Long Term Loans For:

* Refinancing Short Term Debt
* Purchase of Equipment
* Practice Acquisition/Expansion
* 25 Year Real Estate Loans

316 263-1001

Emergent Business Capital, Inc.

121 W. Dewey, Suite 210
Wichita, KS 67202

$1 million Maximum
Competitive Rates
No prepay penalty
No Balloons
Rapid Turnaround

Transesophageal Echocardiography May Not Lessen Stroke Rate from Cardioversion

DONALD L. VINE, M.D.,* *Wichita*

There is general agreement that patients should receive warfarin anticoagulation prior to undergoing elective cardioversion for atrial fibrillation. To save time and money, transesophageal echocardiography has been evaluated as a screening test to identify patients who might undergo cardioversion without prior anticoagulation.

Manning and colleagues recently reported the absence of embolic complications among 82 atrial fibrillation patients who were free of atrial thrombi, as determined by transesophageal echocardiography performed prior to elective cardioversion.[1]

Grimm and coworkers reviewed the basis for current guidelines recommending anticoagulation with warfarin for three weeks before and four weeks after elective cardioversion of atrial fibrillation of greater than two days' duration.[2]

They estimated the incidence of embolization following elective cardioversion to be approximately 1.5%. Since the incidence of left atrial thrombi in patients with atrial fibrillation was estimated at 10%, about 80% of atrial thrombi did not appear to produce clinical embolization. Nonrandomized studies suggest that embolization can be reduced, but not entirely eliminated, if cardioversion is preceded by warfarin anticoagulation.

Some echocardiographic studies of left atrial appendage function before and after cardioversion show prompt recovery of contraction in the majority of patients. There are, however, studies which demonstrate a transient "stunning" of the atrial appendage as well as the appearance of spontaneous echo contrast within the left atrium. In these instances, the possibility is raised that a substrate for thrombus formation is created immediately after cardioversion that could not have been identified by pre-cardioversion echocardiography.

*Associate Professor, Department of Medicine, University of Kansas School of Medicine-Wichita.

Address correspondence to Dr. Vine, Department of Medicine, UKSM-W, 1010 N. Kansas, Wichita, KS 67214.

TEE FINDINGS IN PATIENTS WITH ATRIAL FIBRILLATION

Study	*Patients*	*Atrial thrombi*	*Emboli*
Grimm	40	3%	0
Chan	25	20%	0
Orsinelli	39	23%	1
Manning	94	13%	2
Black	156	8%	1
Stoddard	82	13%	0
Fatkin	66	1%	4
Total	502	10%	5

JACC 1994;23:533

A Cautionary Note

Fatkin and colleagues performed transesophageal echocardiography on 66 consecutive patients prior to direct current cardioversion.[3] One patient was found to have a thrombus, which was located at the orifice of the left atrial appendage. This patient did not undergo cardioversion. Spontaneous echo contrast was present in 38% of patients.

Following cardioversion, four patients experienced thromboembolic events. None of these had demonstrable left atrial thrombi. Spontaneous echo contrast was not predictive of this complication.

The authors also performed transesophageal echocardiography immediately before and immediately after cardioversion in 15 patients. In six of these, spontaneous echo contrast appeared or worsened within seconds of the appearance of sinus rhythm. This finding correlated with left atrial size and with the duration of atrial fibrillation and the number of shocks and electrical energy required for cardioversion.

Comments

Grimm suggests that transesophageal echocardiography be performed prior to electrical cardioversion in all patients with atrial fibrillation. Manning proposes that pre-cardioversion antico-

(Continued on page 96.)

The Hospital Medical Staff Section
23rd Assembly Meeting
June 9-13, 1994
Chicago Marriott Hotel
Chicago, Illinois

Interactive Dialogue with AMA Board of Trustees

HMSS representatives will not want to miss this year's AMA-HMSS Annual Assembly Meeting held on **June 9-13** in Chicago. Aside from the usual policy-related activities, representatives will have an opportunity to dialogue with the AMA Board of Trustees, hear the latest news and information from Washington, and learn the importance of and methods for physician involvement in health system reform.

The Friday education program hosts an impressive panel of speakers. From their remarks, representatives will learn: the impact of proposed legislation on the future practice of medicine; the kinds of managed care entities most likely to thrive; the ways to cope with health care delivery changes at the local level; the support needed to pass legislation on physician involvement in health system reform; the steps for developing a physician-directed health delivery network or plan; and the best methods for managing patient care and physician compensation in physician health plans.

Physician Involvement in Health System Reform

With health system reform legislation pending before Congress, state health system reform initiatives, and the rapid development of integrated delivery systems, it is vitally important that medical staffs mobilize to stand up and speak out for patients and the profession. The June Assembly meeting is no exception. Now perhaps more than ever before, HMSS representatives need to be involved in shaping the nation's future health care system.

HMSS past actions have made a difference. The AMA has incorporated many issues advocated by HMSS in its new health system reform proposal for action and model legislation. Basically, the draft bill:

- requires that health plans establish a medical staff structure with defined rights with regard to the plan's medical policy, utilization, quality and credentialing and management issues;
- expressly permits physicians to jointly present their views on any plan issue (without boycott or strikes) to plan management for discussion and negotiation;
- directly aids physicians in the creation of their own plans or networks to compete with large insurance companies;
- requires negotiation of new regulations with the profession before their announcement ; and
- expands the role and protection for the profession's accreditation, standard setting and medical society disciplinary functions.

Success will depend on unified physician support and action. Mark your calendar and plan to attend!

For more information please call
312 464-4754 or 464-4761

American Medical Association
Physicians dedicated to the health of America

ANNOUNCING SOMETHING UNCOMMON... A COMMON SENSE APPROACH

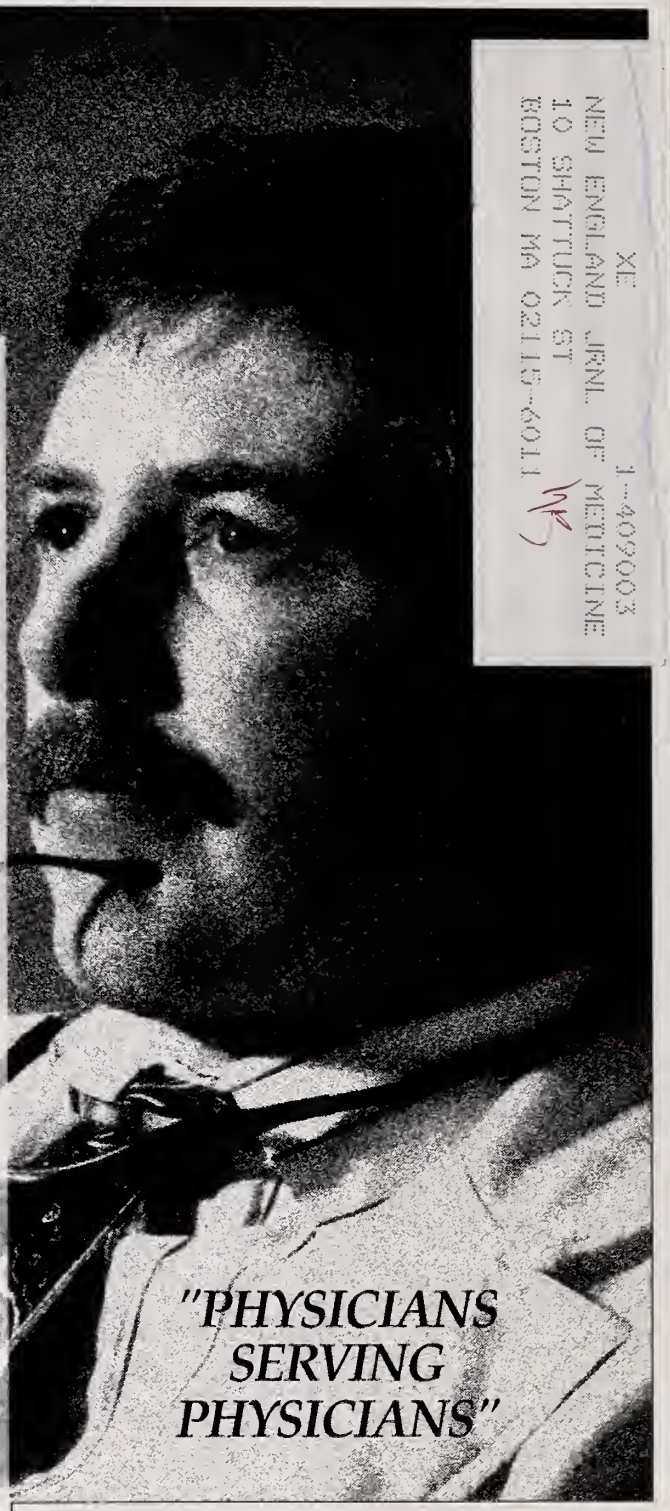
XE
NEW ENGLAND JRNL OF MEDICINE
10 SHATTUCK ST
BOSTON MA 02115-6011
1--409003

Who understands the challenges facing today's physician better than other physicians? KaMMCO was formed *for* physicians, *by* physicians, to provide you with competitive rates and innovative services. Physician owned and controlled, we set the standards for superior service, and uncompromising protection.

Among the personal services we provide are:

- **Technical advice and information on a variety of health care law issues**
- **Physician focused management and purchasing services through Medical Services Corporation**
- **Strong defense of non-meritorious claims and physician support during claims**
- **Close working relationship with the Kansas Medical Society**
- **Legislative advocacy**
- **Loss prevention activities for physicians and staff**
- **Medical office reviews**
- **Personalized member service and toll-free access**

Physicians serving physicians...it's just common sense.



KaMMCO

KANSAS MEDICAL MUTUAL INSURANCE COMPANY

623 SW Tenth • Topeka, Kansas 66612
(913) 232-2224 • 1 (800) 232-2259

KANSAS MEDICINE

JOURNAL OF THE KANSAS MEDICAL SOCIETY

May 1994 Volume 95, Number 5

THE FRANCIS A. COUNTWAY
LIBRARY OF MEDICINE
BOSTON, MA
JUN 6



- Termination of Hospital Contracts
- Hypertension in Kansas
- Disseminated Histoplasmosis
- Eye Injury Prevention
- Drug Use in Adolescents

Disability and Business Overhead Expense
Insurance Program Endorsed by the
KANSAS MEDICAL SOCIETY

You've Spent a Lifetime Building Your Practice...

Would contracting ***HIV*** or ***ANY*** disability take it away?

Have you ever thought about how your life would change if you contracted HIV? It would change everything, including your finances.

A new Connecticut Mutual HIV Disability Income Rider will pay you benefits without any waiting period if you contract HIV - no matter how you contract it. You would receive benefits regardless of whether or not you continue working.

Here's what the HIV Disability Rider can do:

- Pay you disability income benefits if you test seropositive for HIV.
- Give you up to $10,000 per month of income for up to two years.
- Allow you to make practical, personal decisions without the fear of financial ruin.
- Pay you even if you are physically able to work - something your standard disability income insurance may not do.

If you would like more information on this valuable coverage, mail us the coupon or call us at our toll-free number.

I'd like more information on the KANSAS MEDICAL SOCIETY DISABILITY INCOME AND BUSINESS OVERHEAD EXPENSE INSURANCE PROGRAM.

Name

Address

CITY STATE ZIP

( )

Phone

Connecticut Mutual Life Insurance Company (Hartford, CT), its subsidiaries and affiliates.

The **KMS DISABILITY INCOME AND BUSINESS OVERHEAD EXPENSE INSURANCE PROGRAM** is specially designed for the members of the **Kansas Medical Society** by the firm of **Cohen Financial Services.**

Cohen Financial Services has long been known for their expert counseling of physicians. For over 30 years they have provided insurance and financial products to physicians.

THE KMS DISABILITY INCOME AND BUSINESS OVERHEAD EXPENSE INSURANCE PROGRAM features:

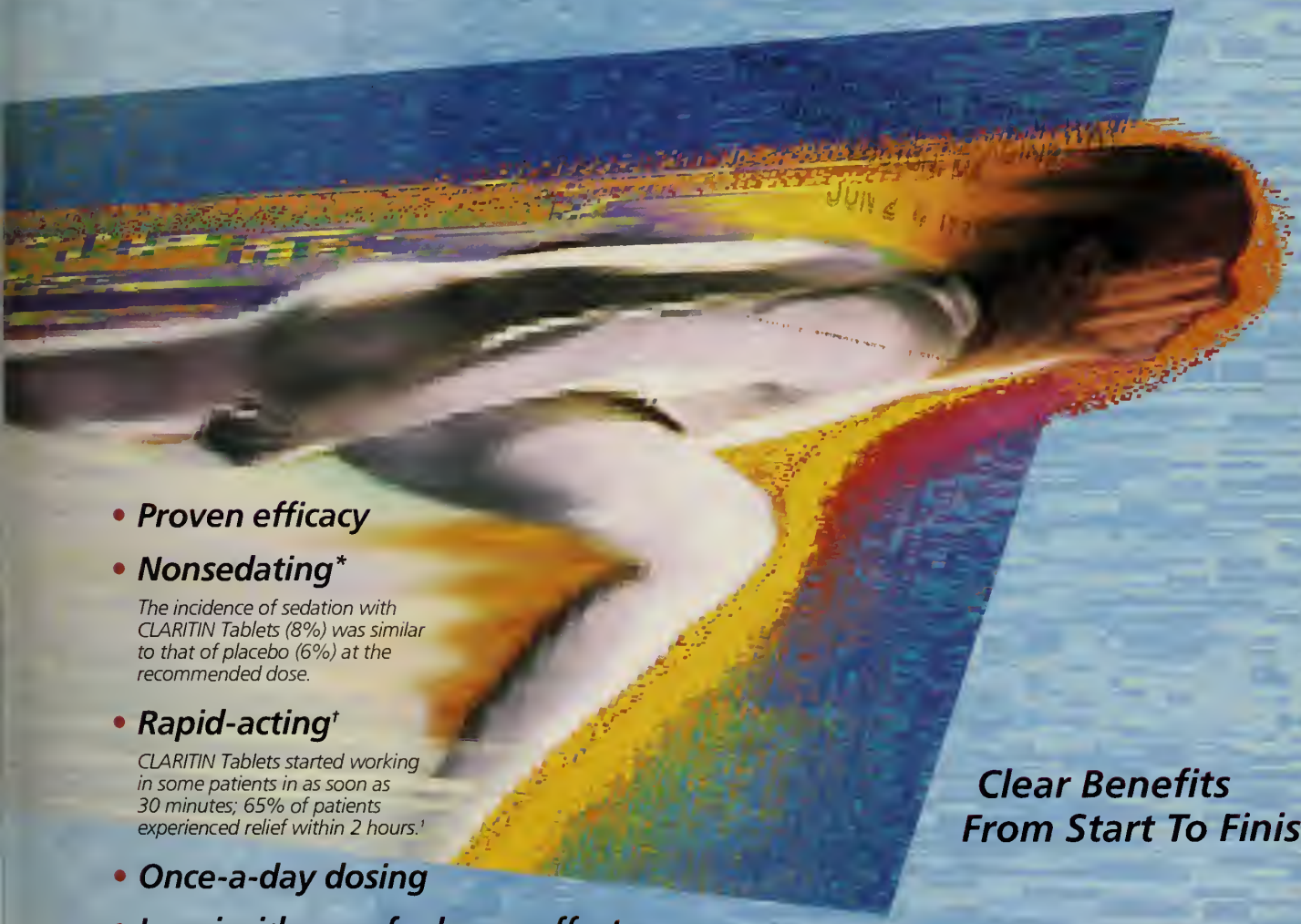
- 15% discount on premiums (10% additional non-smoker discount!)
- Non-cancellable and guaranteed continuable disability coverage to age 65 or retirement.
- Guaranteed premiums.
- Individually owned policies.
- Specialty coverage available.
- Coverage for Positive HIV Test - No Disability Required.

COHEN
FINANCIAL SERVICES

One Ward Parkway, Suite 106
Kansas City, Missouri 64112
(816) 932-9420 FAX (816) 931-3832
1-800-747-9420

FOR THE NASAL AND NON-NASAL SYMPTOMS OF SEASONAL ALLERGIC RHINITIS

A Clear Choice In Antihistamine Therapy



- **Proven efficacy**
- **Nonsedating***

  The incidence of sedation with CLARITIN Tablets (8%) was similar to that of placebo (6%) at the recommended dose.
- **Rapid-acting†**

  CLARITIN Tablets started working in some patients in as soon as 30 minutes; 65% of patients experienced relief within 2 hours.†
- **Once-a-day dosing**
- **Low incidence of adverse effects**

  In controlled clinical trials using the recommended dose, the incidence of headache (12%), somnolence (8%), fatigue (4%), and dry mouth (3%) with CLARITIN Tablets was similar to that of placebo (11%, 6%, 3%, and 2%, respectively).
- **Over 1 billion patient days of worldwide experience**

Clear Benefits From Start To Finish

Once-a-day

Claritin®

10 mg TABLETS (loratadine)

* *In studies with CLARITIN Tablets at doses 2 to 4 times higher than the recommended dose of 10 mg, a dose-related increase in the incidence of somnolence was observed.*

† *Relief began in 13% of treated patients vs 4% of placebo-treated patients within 30 minutes (P= 04). At 2 hours, 48% of patients receiving placebo experienced relief. Distribution of onset times was significantly earlier for CLARITIN Tablets vs placebo (P= 03).*

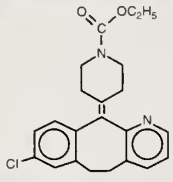
Please see following page for brief summary of Prescribing Information.

CLARITIN®
brand of loratadine
TABLETS
Long-Acting Antihistamine

PRODUCT INFORMATION

DESCRIPTIDN CLARITIN Tablets contain 10 mg micronized loratadine, an antihistamine, to be administered orally. They also contain the following inactive ingredients: corn starch, lactose, and magnesium stearate.

Loratadine is a white to off-white powder not soluble in water, but very soluble in acetone, alcohol, and chlorotorm. It has a molecular weight of 382.89, and empirical tormula of $C_{22}H_{23}ClN_2O_2$; its chemical name is ethyl 4-(8-chloro-5,6-dihydro-11*H*-benzo[5,6]cyclohepta[1,2-*b*]pyridin-11-ylidene)-1-piperidinecarboxylate and has the following structural formula:



CLINICAL PHARMACDLDGY Loratadine is a long-acting tricyclic antihistamine with selective peripheral histamine H_1-receptor antagonistic activity.

Human histamine skin wheal studies following single and repeated 10 mg oral doses of CLARITIN Tablets have shown that the drug exhibits an antihistaminic effect beginning within 1 to 3 hours, reaching a maximum at 8 to 12 hours and lasting in excess of 24 hours. There was no evidence of tolerance to this effect after 28 days of dosing with CLARITIN Tablets.

Pharmacokinetic studies following single and multiple oral doses of loratadine in 115 volunteers showed that loratadine is rapidly absorbed and extensively metabolized to an active metabolite (descarboethoxyloratadine). The specific enzyme systems responsible for metabolism have not been identified. Approximately 80% of the total dose administered can be found equally distributed between urine and feces in the form of metabolic products after 10 days. The mean elimination half-lives found in studies in normal adult subjects (n = 54) were 8.4 hours (range = 3 to 20 hours) for loratadine and 28 hours (range = 8.8 to 92 hours) for the major active metabolite (descarboethoxyloratadine). In nearly all patients, exposure (AUC) to the metabolite is greater than exposure to parent loratadine.

In a study involving twelve healthy geriatric subjects (66 to 78 years old), the AUC and peak plasma levels (Cmax) of both loratadine and descarboethoxyloratadine were significantly higher (approximately 50% increased) than in studies of younger subjects. The mean elimination halt-lives tor the elderly subjects were 18.2 hours (range = 6.7 to 37 hours) for loratadine and 17.5 hours (range = 11 to 38 hours) for the active metabolite.

Loratadine, dosed once daily, had reached steady-state by the fifth daily dose. The pharmacokinetics of loratadine and descarboethoxyloratadine are dose independent over the dose range of 10 to 40 mg and are not significantly altered by the duration of treatment.

In the clinical efficacy studies, CLARITIN Tablets were administered before meals. In a single-dose study, food increased the AUC of loratadine by approximately 40% and of descarboethoxyloratadine by approximately 15%. The time to peak plasma concentration (Tmax) of loratadine and descarboethoxyloratadine was delayed by 1 hour with a meal. Although these differences would not be expected to be clinically important, CLARITIN Tablets should be administered on an empty stomach.

In patients with chronic renal impairment (Creatinine Clearance ≤ 30 mL/min) both the AUC and peak plasma levels (Cmax) increased on average by approximately 73% for loratadine; and approximately by 120% for descarboethoxyloratadine, compared to individuals with normal renal function. The mean elimination half-lives of loratadine (7.6 hours) and descarboethoxyloratadine (23.9 hours) were not significantly different trom that observed in normal subjects. Hemodialysis does not have an effect on the pharmacokinetics of loratadine or its active metabolite (descarboethoxyloratadine) in subjects with chronic renal impairment.

In patients with chronic alcoholic liver disease the AUC and peak plasma levels (Cmax) ot loratadine were double while the pharmacokinetic protile of the active metabolite (descarboethoxyloratadine) was not significantly changed from that in normals. The elimination half-lives for loratadine and descarboethoxyloratadine were 24 hours and 37 hours, respectively, and increased with increasing severity of liver disease.

There was considerable variability in the pharmacokinetic data in all studies of CLARITIN Tablets, probably due to the extensive first-pass metabolism. Individual histograms of area under the curve, clearance, and volume of distribution showed a log normal distribution with a 25-fold range in distribution in healthy subjects.

Loratadine is about 97% bound to plasma proteins at the expected concentrations (2.5 to 100 ng/mL) after a therapeutic dose. Loratadine does not affect the plasma protein binding of warfarin and digoxin. The metabolite descarboethoxyloratadine is 73% to 77% bound to plasma proteins (at 0.5 to 100 ng/mL).

Whole body autoradiographic studies in rats and monkeys, radiolabeled tissue distribution studies in mice and rats, and *in vivo* radioligand studies in mice have shown that neither loratadine nor its metabolites readily cross the blood-brain barrier. Radioligand binding studies with guinea pig pulmonary and brain H_1-receptors indicate that there was preferential binding to peripheral versus central nervous system H_1-receptors.

Clinical trials of CLARITIN Tablets involved over 10,700 patients who received either CLARITIN Tablets or another antihistamine and/or placebo in double-blind randomized controlled studies. In placebo-controlled trials, 10 mg once daily of CLARITIN Tablets was superior to placebo and similar to clemastine (1 mg BID) or terfenadine (60 mg BID) in effects on nasal and non-nasal symptoms of allergic rhinitis. In these studies, somnolence occurred less frequently with CLARITIN Tablets than with clemastine and at about the same trequency as tertenadine or placebo. In studies with CLARITIN Tablets at doses 2 to 4 times higher than the recommended dose of 10 mg, a dose-related increase in the incidence of somnolence was observed. Therefore, some patients, particularly those with hepatic or renal impairment and the elderly, may experience somnolence.

In a study in which CLARITIN Tablets were administered at 4 times the clinical dose tor 90 days, no clinically significant increase in the OTc was seen on ECGs.

INDICATIONS AND USAGE CLARITIN Tablets are indicated for the relief of nasal and non-nasal symptoms of seasonal allergic rhinitis.

CONTRAINDICATIONS CLARITIN Tablets are contraindicated in patients who are hypersensitive to this medication or to any of its ingredients.

PRECAUTIONS **General:** Patients with liver impairment should be given a lower initial dose (10 mg every other day) because they have reduced clearance of CLARITIN Tablets.

Drug Interactions: The coadministration ot a single 20 mg dose of CLARITIN Tablets (double the recommended daily dose) and a 200 mg dose of ketoconazole twice daily to 12 subjects resulted in increased plasma concentrations of loratadine (180% increase in AUC) and its active metabolite, descarboethoxyloratadine (56% increase in AUC). However, no related changes were noted in the OTc on ECGs taken at 2, 6, and 24 hours after the coadministration of loratadine and ketoconazole. Also, there were no significant differences in clinical adverse events between CLARITIN Tablet groups with or without ketoconazole.

Other drugs known to inhibit hepatic metabolism should be coadministered with caution until definitive interaction studies can be completed. The number ot subjects who concomitantly received macrolide antibiotics, cimetidine, ranitidine, or theophylline along with CLARITIN Tablets in controlled clinical trials is too small to rule out possible drug-drug interactions. There does not appear to be an increase in adverse events in subjects who received oral contraceptives and CLARITIN Tablets compared to placebo.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: In an 18-month oncogenicity study in mice and a 2-year study in rats, loratadine was administered in the diet at doses up to 40 mg/kg (mice) and 25 mg/kg (rats). In the carcinogenicity studies, pharmacokinetic assessments were carried out to determine animal exposure to the drug. AUC data demonstrated that the exposure of mice given 40 mg/kg of loratadine was 3.6 (loratadine) and 18 (active metabolite) times higher than a human given 10 mg/day. Exposure of rats given 25 mg/kg ot loratadine was 28 (loratadine) and 67 (active metabolite) times higher than a human given 10 mg/day. Male mice given 40 mg/kg had a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) than concurrent controls. In rats, a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) was observed in males given 10 mg/kg and males and females given 25 mg/kg. The clinical significance of these findings during long-term use of CLARITIN Tablets is not known.

In mutagenicity studies, there was no evidence of mutagenic potential in reverse (AMES) or forward point mutation (CHO-HGPRT) assays, or in the assay for ONA damage (Rat Primary Hepatocyte Unscheduled ONA Assay) or in two assays for chromosomal aberrations (Human Peripheral Blood Lymphocyte Clastogenesis Assay and the Mouse 8one Marrow Erythrocyte Micronucleus Assay). In the Mouse Lymphoma Assay, a positive finding occurred in the nonactivated but not the activated phase of the study.

Loratadine administration produced hepatic microsomal enzyme induction in the mouse at 40 mg/kg and rat at 25 mg/kg, but not at lower doses.

Oecreased fertility in male rats, shown by lower temale conception rates, occurred at approximately 64 mg/kg and was reversible with cessation of dosing. Loratadine had no effect on male or female fertility or reproduction in the rat at doses of approximately 24 mg/kg.

Pregnancy Category B: There was no evidence of animal teratogenicity in studies performed in rats and rabbits. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, CLARITIN Tablets should be used during pregnancy only if clearly needed.

Nursing Mothers: Loratadine and its metabolite, descarboethoxyloratadine, pass easily into breast milk and achieve concentrations that are equivalent to plasma levels with an AUC_{milk}/AUC_{plasma} ratio of 1.17 and 0.85 for the parent and active metabolite, respectively. Following a single oral dose ot 40 mg, a small amount ot loratadine and metabolite was excreted into the breast milk (approximately 0.03% of 40 mg over 48 hours). A decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. Caution should be exercised when CLARITIN Tablets are administered to a nursing woman.

Pediatric Use: Safety and effectiveness in children below the age of 12 years have not been established.

ADVERSE REACTIONS Approximately 90,000 patients received CLARITIN Tablets 10 mg once daily in controlled and uncontrolled studies. Placebo-controlled clinical trials at the recommended dose of 10 mg once a day varied from 2 weeks' to 6 months' duration. The rate of premature withdrawal from these trials was approximately 2% in both the treated and placebo groups.

REPORTED AOVERSE EVENTS WITH AN INCIOENCE OF MORE THAN 2% IN PLACEBO-CONTROLLED ALLERGIC RHINITIS CLINICAL TRIALS

PERCENT OF PATIENTS REPORTING

	LORATADINE 10 mg OD n = 1926	PLACEBO n = 2545	CLEMASTINE 1 mg BID n = 536	TERFENADINE 60 mg BID n = 684
Headache	12	11	8	8
Somnolence	8	6	22	9
Fatigue	4	3	10	2
Dry Mouth	3	2	4	3

Adverse event rates did not appear to differ significantly based on age, sex or race, although the number of non-white subjects was relatively small.

In addition to those adverse events reported above, the following adverse events have been reported in 2% or fewer patients.

Autonomic Nervous System Altered salivation, increased sweating, altered lacrimation, hypoesthesia, impotence, thirst, flushing.

Body As A Whole Conjunctivitis, blurred vision, earache, eye pain, tinnitus, asthenia, weight gain, back pain, leg cramps, malaise, chest pain, rigors, fever, aggravated allergy, upper respiratory infection, angioneurotic edema.

Cardiovascular System Hypotension, hypertension, palpitations, syncope, tachycardia.

Central and Peripheral Nervous System Hyperkinesia, blepharospasm, paresthesia, dizziness, migraine, tremor, vertigo, dysphonia.

Gastrointestinal System Abdominal distress, nausea, vomiting, flatulence, gastritis, constipation, diarrhea, altered taste, increased appetite, anorexia, dyspepsia, stomatitis, toothache.

Musculoskeletal System Arthralgia, myalgia.

Psychiatric Anxiety, depression, agitation, insomnia, paroniria, amnesia, impaired concentration, contusion, decreased libido, nervousness.

Reproductive System Breast pain, menorrhagia, dysmenorrhea, vaginitis.

Respiratory System Nasal dryness, epistaxis, pharyngitis, dyspnea, nasal congestion, coughing, rhinitis, hemoptysis, sinusitis, sneezing, bronchospasm, bronchitis, laryngitis.

Skin and Appendages Oermatitis, dry hair, dry skin, urticaria, rash, pruritus, photosensitivity reaction, purpura.

Urinary System Urinary discoloration, altered micturition.

In addition, the following spontaneous adverse events have been reported rarely during the marketing of loratadine: peripheral edema; abnormal hepatic function, including jaundice, hepatitis, and hepatic necrosis; alopecia; seizures; breast enlargement; erythema multiforme; and anaphylaxis.

DRUG ABUSE AND DEPENDENCE There is no information to indicate that abuse or dependency occurs with CLARITIN Tablets.

OVERDOSAGE Somnolence, tachycardia, and headache have been reported with overdoses greater than 10 mg (40 to 180 mg). In the event of overdosage, general symptomatic and supportive measures should be instituted promptly and maintained for as long as necessary.

Treatment of overdosage would reasonably consist of emesis (ipecac syrup), except in patients with impaired consciousness, followed by the administration of activated charcoal to absorb any remaining drug. If vomiting is unsuccessful, or contraindicated, gastric lavage should be performed with normal saline. Saline cathartics may also be of value for rapid dilution of bowel contents. Loratadine is not eliminated by hemodialysis. It is not known if loratadine is eliminated by peritoneal dialysis.

Oral LO_{50} values for loratadine were greater than 5000 mg/kg in rats and mice. Ooses as high as 10 times the recommended clinical doses showed no effects in rats, mice, and monkeys.

DOSAGE AND ADMINISTRATIDN Adults and children 12 years of age and over: One 10 mg tablet daily on an empty stomach.

In patients with liver failure, 10 mg every other day should be the starting dose.

HDW SUPPLIED CLARITIN Tablets, 10 mg, white to off-white compressed tablets; impressed with the product identification number "458" on one side; and "CLARITIN 10" on the other; high density polyethylene plastic bottles of 100 (NOC 0085-0458-03). Also available, CLARITIN Unit-of-Use packages of 14 tablets (7 tablets per blister card) (NOC 0085-0458-01) and 30 tablets (10 tablets per blister card) (NOC 0085-0458-05); and 10 x 10 tablet Unit Oose-Hospital Pack (NOC 0085-0458-04).

Protect Unit-of-Use packaging and Unit Dose-Hospital Pack from excessive moisture. Store between 2° and 30°C (36° and 86°F).

Schering®
Schering Corporation
Kenilworth, NJ 07033 USA

Rev. 9/93 1779080

Copyright © 1992, 1993, Schering Corporation. All rights reserved.

EDITORIAL BOARD

Warren E. Meyer, M.D., Acting Editor
M. Martin Halley, M.D.
David S. Jacobs, M.D.
Harry G. Kroll, M.D.
Donald R. Pierce, M.D.
James H. Ransom, M.D.
William J. Reals, M.D.
Donald L. Vine, M.D.
Anne D. Walling, M.D.

STAFF

Susan Ward
Production Editor

Jeremy Slaughter
Business Manager

KANSAS MEDICINE (ISSN 8755-0059) is published monthly by the Kansas Medical Society, 623 W. 10th Avenue, Topeka KS 66612. KMS membership includes a one-year subscription for which $15 is allocated from each member's dues. Rates to others: $45/yr domestic; $50/yr foreign. Printed by The Ovid Bell Press, Inc., Fulton MO. Second class postage paid at Topeka KS and at additional mailing offices. POSTMASTER: Send address changes to KANSAS MEDICINE, 623 W. 10th Avenue, Topeka KS 66612.

Indexed in *Hospital Literature Index* and *Index Medicus*. Available through University Microfilms. Listed in *CC/Clinical Practice*. Search Resource for Institute for Medical Information, Inc., and Medical Search, Inc.

Copyright 1994 by the Kansas Medical Society. Permission to reproduce materials published herein must be obtained from KANSAS MEDICINE and the author(s). Although effort is made to publish only accurate articles and legitimate advertisements, KANSAS MEDICINE denies legal responsibility for statements, opinions or advertisements appearing under the names of contributors or concerns. Address all correspondence to: KANSAS MEDICINE, 623 W. 10th Avenue, Topeka KS 66612.

ABOUT OUR LOGO

In January 1935, a new logo appeared on the cover of KANSAS MEDICINE for the first time. This device represents two stethoscopes: the original monaural type as used by Läennec, and the modern binaural variety. The logo was designed expressly for KANSAS MEDICINE by renowned graphic designer Bradbury Thompson, a native of Topeka and friend of two former editors of the journal, Dr. W.M. Mills and Dr. Lucien Pyle. As another former editor, Dr. Orville R. Clark, wrote in January 1955, the logo "has become as much a part of the journal as any of the features on the inside and is something which is ours alone."

COVER STORY

This view of the Brookville Hotel, painted by Jim Hamil, has an anachronistic quality, due to the row of cars parked out front. The western-style façade should really face a row of horses tethered to a rail or hitching post, and maybe a stagecoach disgorging passengers. The historic hotel, founded in 1870, was a way station for stages bringing passengers to and through Kansas on their way to fame and fortune (they hoped). It has been reported that Buffalo Bill Cody himself spent the night there.

Modern-day guests are invited to inspect the rooms that were available to their late-nineteenth-century predecessors. While the lodgings may seem severe measured against modern standards, they offered the best of contemporary accommodations to the traveler who had spent more time than he or she would have liked in a stagecoach pulled over rough, unpaved roads by galloping horses.

The romantic days of dirt roads and stagecoaches are gone. But pavement and the internal combustion engine have made the Brookville Hotel more accessible. (The trip is more comfortable, too.) Located on Kansas 238 just south of I-70 and west of Salina, the hotel no longer offers lodging, but it remains famous for its fried chicken dinners served family style with homemade mashed potatoes and gravy, coleslaw, green beans, relishes and fresh-baked biscuits. Delicious homemade pies top off the meal. (Menus are unnecessary, for this is the only fare that is served.)

No doubt the Brookville Hotel's warm, soft beds were considered a godsend by pioneering guests. The hot meal probably didn't seem too bad, either. It still doesn't.

SCHOLARSHIPS FOR PHYSICIANS

Scholarship funds are available to qualifying Kansas physicians for study in medicine or health care lasting 4 to 12 months at an approved institution. Applicants must have practiced continuously in Kansas for at least 5 years and may not be a member of a group of participating physicians larger than 5. Deadline for applications is July 31, 1994. Write the Earl L. Mills Educational Trust, INTRUST Bank, N.A., Attn: Lori Blaes Medler, Trust Officer, P.O. Box One, Wichita, KS 67201-5001.

KANSAS MEDICINE

VOLUME 95 · NUMBER 5 · MAY 1994

CONTENTS

Scientific Article

113 Disseminated Histoplasmosis Treated with Fluconazole
Fluconazole may be superior to ketoconazole in treating this infection.
Karen S. Bridge, M.S., M.T., and Hewitt C. Goodpasture, M.D.

Departments

101 Cover Story
104 Editorial Comment
106 President's Message
108 Medicina et Lex
110 Alliance News
111 News from KDHE
116 Preventive Medicine
117 Radiology Vignette
119 Classified Advertisements
120 Cardiology Notes

Miscellaneous

101 Scholarships for Physicians
118 Eye Injury: Kansas Ophthalmologists' Quest for Prevention

Lower expenses.
Higher returns. Exceptional service.

NEW

Higher tax-free yields

YIELDS

6.72%
Tax-equivalent
36% tax rate

4.30%
Current yield as
of 3/27/94

Introducing the T. Rowe Price Summit Municipal Intermediate Fund. Now you can earn higher tax-free income without incurring undue risk and without sacrificing service. The Summit Municipal Intermediate Fund invests in an intermediate-term portfolio of investment-grade municipal bonds. And, the Fund employs a low-expense strategy to achieve higher income, exempt from federal taxes—without the volatility of a long-term fund.*

As a Summit Fund investor, you'll pay no *à la carte* fees for services. Checkwriting, exchanges, and redemptions are free. You'll also receive a free newsletter and a single consolidated statement of your T. Rowe Price investments. And, you'll have access to highly trained service representatives, who will not only handle your transactions, but also provide information on the fixed-income markets.

This is one of six new Summit low-expense funds from T. Rowe Price. Of course, all T. Rowe Price funds are **100% no load**. Minimum Summit Fund investment $25,000.



Call 24 hours for a free Summit Investment Kit
1-800-341-5602

Invest With Confidence
T.RowePrice

SMT022283

1.2% is the total return for the four months since inception 10/31/93 to 2/28/94. This figure is not annualized. It includes changes in principal value and reinvested dividends. Total return represents past performance. Investment returns and principal value will vary, and shares may be worth more or less at redemption than at original purchase. *Some income may be subject to state and local taxes and to the federal alternative minimum tax. Yields and share prices of bond funds will fluctuate with interest rate changes. Request a prospectus with more complete information, including management fees and other charges and expenses. Read it carefully before you invest or send money. T. Rowe Price Investment Services, Inc., Distributor.

EDITORIAL COMMENT

The Choices: Physician Network or Tangled Web



On May 1, 1994, at the 135th meeting of its House of Delegates, the Kansas Medical Society authorized the Executive Committee to proceed with the development of a statewide, physician-owned, managed-care delivery organization. This is a historic event and a momentous occasion for the society.

Notwithstanding local and federal governmental activity toward reform of the health care system, the marketplace is moving ahead, driving the forces of change. Hospitals and insurance companies are already positioning themselves to take advantage of any legislative edicts. So there is no doubt that some form of change is inevitable — the only questions have been what form it will take, and how soon it will be initiated.

All too often in health care matters, physicians have been at the tail end of making the decisions that affect our patients and our ability to practice unimpeded. Before Medicare was enacted, President Lyndon Johnson told AMA President Edward Annis that physicians didn't have the numbers or clout to prevent it. And today we are told on Capitol Hill that the AMA represents less than 50% of American doctors. We have endured without complaint the efforts of the federal government to divide and conquer the profession by pitting the generalists against the specialists. Have we forgotten the story of the German who said, "I didn't complain when they came for the Jews, because I wasn't a Jew. I didn't complain when they came for the Catholics, because I wasn't a Catholic. I didn't complain when they came for the Protestants, because I wasn't a Protestant. Then they came for me — and there was no one left to complain!" Can we afford to be complacent?

The one strength physicians have is that no one else can do what we do! I've seen a bumper sticker that reads: "Need health care? Dial 1-800-CLINTON." Nonetheless, the government can't practice medicine — only we can. Too often we have neither recognized nor used this strength. I am in no way suggesting a doctors' union, only what a union does: seek the benefit of its members. The proposed physician network is a method of uniting Kansas physicians in an effective health care delivery organization that can deal with the emerging changes in health care and be a participant in those changes — rather than being an onlooker, as in the past. To be successful, it must work in the best interests of the patient.

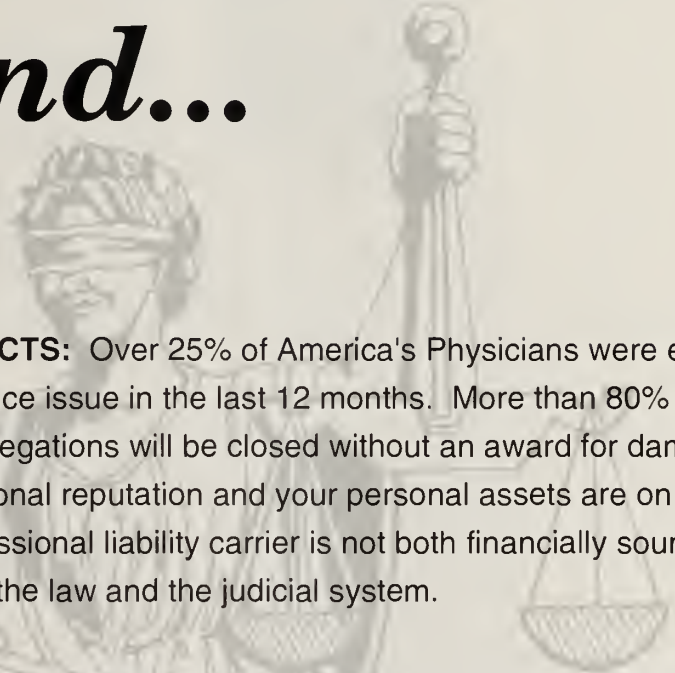
Of course, our opponents don't think physicians can come together in any endeavor. "They're a bunch of individualists with godlike egos," they say, "and it's easy to split them apart." There have been and will continue to be differences of opinion on the way to structure the organization; the way to capitalize it; how to deal with payment, existing networks of physicians and of hospitals; types of offerings, etc. These are to be expected and encouraged! Only through this type of free exchange will the right solution be achieved. Yes, there are things to be settled in the days and months ahead, but nothing that men and women of good will and common goals cannot attain. None of us likes change, but we will like it even less if we fail to be a player in the changes being made.

Raising the required capital for the network is necessary to avoid antitrust allegations. The same mechanism was used in the very successful organization of KaMMCO. Like KaMMCO, this will be a separate entity open to KMS members. There is a possibility that the stockholders in the network may receive dividends. And like any other investment we make, it is also true we may lose money. However, that is not — and should not be — the determining factor in evaluating this organization.

Some have observed that the economic factor should not be a determinant in selecting the best treatment for the patient, and that putting the physician at financial risk may make him or her think more of the cost than of the patient. And it's true that this could happen. However, if we remain patient-centered in our focus and do what is best for them, savings will still accrue without having to sacrifice quality patient care. The goals of the network are to be patient-centered and

(Continued on page 112.)

...a promise to defend...



HERE ARE THE FACTS: Over 25% of America's Physicians were embroiled in a malpractice issue in the last 12 months. More than 80% of those malpractice allegations will be closed without an award for damages. Your professional reputation and your personal assets are on the line when your professional liability carrier is not both financially sound *and* experienced in the law and the judicial system.

WHEN THE ISSUES ARE LEGAL, NOT MEDICAL-- when the allegations are frivolous, or highly emotional-- you need a company and legal representation that understands the problem and has the experience to resolve the issue. The Medical Protective Company has specialized in defending doctors since 1899. Our legal and claims management experience is unmatched by any other insurer in the U.S.

FOR MORE INFORMATION on how we can protect your professional reputation and your personal assets, call your local Medical Protective General Agent at 1-800-344-1899.

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA
Professional Protection Exclusively since 1899

A+ (Superior) A.M.Best **AA (Excellent) Standard and Poor's**

A Healthy Organization



One thing I know with certainty as I look toward the coming year as President of the Kansas Medical Society. That is that we have a truly outstanding staff. And that is the one thing that gives me great confidence for the coming year. We should remember that the function of the Kansas Medical Society staff is to support us, the leaders and membership of the Kansas Medical Society and the Alliance. But we should also remember that the relationship is reciprocal. The staff make our jobs easier, and hopefully, we make their work more gratifying.

We also need to remember that leadership is more than one person or even a committee. It includes all of us; those who have preceded, those who will follow and those who work in the trenches. For our, or any, organization to be strong and vital and to grow, its staff and membership must share three qualities, or characteristics: loyalty, cooperativeness and generativity.

The first of these qualities is *loyalty*. Warren Meyer, M.D., in his editorial in last December's issue of KANSAS MEDICINE, described loyalty quite well (and how fitting that he used Val Braun as an example). To quote Dr. Meyer's editorial, "loyalty is built on relationships to persons, principles, ideals and values. It assumes that the relationships we are born into . . . such as our families . . . or the relationships we choose . . . such as marriage, friends, church or employment . . . should continue. And that the bonds built by these relationships will strengthen *both* parties and eventually make us a stronger nation." When we are inundated by media accounts of professional athletes jumping from one team to another, or chief executive officers of large corporations cashing in their stock options and moving on, it would seem that loyalty has become passé. But in reality, loyalty is a crucial part of the very fabric of our society and our relationships.

The second quality is *cooperativeness*. In a recent article describing the dimensions of temperament and character that, together, describe personality, one dimension that was emphasized was that of cooperativeness. A cooperative individual is described as socially tolerant, empathetic, helpful and compassionate. Our image or stereotype of strong, dynamic, successful individuals or leaders many times is quite divergent from that of cooperativeness. Sometimes we may confuse cooperativeness with being weak or wishy-washy. But in fact, cooperativeness is one indicator of a healthy person. And healthy persons build healthy organizations.

The third quality or characteristic is that of *generativity*. In his book *Childhood and Society*, Erik Erikson described the specific developmental stages or tasks in the human life cycle. In middle age, the developmental task is that of developing generativity. This is the concern for establishing, guiding and nurturing the next generation. This quality applies to our relationships not only with our children and grandchildren, but also to our relationships with other individuals and organizations. One example is that of a mentor. When an individual is unable to successfully negotiate the development of generativity and remains fixed in self-interest, the results are stagnation, boredom and a sense of isolation. But the most severe consequence is problems in the next generation. The concept of generativity also applies to organizations. Dynamic organizations, such as ours, reinforce the process of generativity and are reinforced by that process.

I encourage, even challenge, all of you to remember these three qualities: loyalty, cooperativeness and generativity. And I challenge you to continue to practice them in your families, in your work and profession, in your communities, in the Kansas Medical Society and Alliance, in the American Medical Association, and as citizens of the State of Kansas and the United States.

Donald R. Brada, MD



We'll save you loads.

You can avoid the expense and hassle of insurance paperwork by filing claims electronically with Blue Cross Blue Shield of Kansas.* Our system speeds up the process on your end, freeing you to handle other responsibilities. Also, filing electronically minimizes the chance of errors. Additional capabilities we'll be introducing down the line promise to make your job even easier in the near future.

To find out more about electronic filing, call your Blue Cross Blue Shield representative—and take a load off your mind.

*An Independent Licensee of the Blue Cross and Blue Shield Association.

PA94

Dutta v. St. Francis

WAYNE T. STRATTON, J.D.,* *Topeka*



The Kansas Supreme Court recently decided a case which may have far-reaching implications for physicians who are either employed by hospitals or have an independent contractor relationship with hospitals. In *Dutta v. St. Francis Regional Medical Center, Inc.,* the issue before the court was whether a termination of a physician's contract was effective without a due process hearing.

Dr. Dutta was a radiologist who began working in the radiology department of the hospital on July 1, 1987, as an employee of another physician who was the medical director of the hospital's radiology department. The medical director's employment was terminated in 1988, and Dr. Dutta remained in the department under a written agreement with a primary term of 90 days. Another physician was then offered the position of medical director and given a contract which provided that he had the right "to provide radiation oncology services on an exclusive basis." Ultimately, an exclusive contract was authorized by the hospital, and Dr. Dutta was notified she would not be permitted to provide radiation therapy services at the hospital. She requested a hearing on the hospital's decision to revoke her right to use the hospital's facilities. This was denied.

Dr. Dutta sued the hospital and obtained a verdict in excess of $500,000. Just prior to suit, the court determined that she did not have a right to a due process hearing with regard to her employment contract.

The hospital contended that it could deny Dr. Dutta access to equipment without altering her staff privileges; consequently, the due process hearing right was not triggered. The appellate court found that Dr. Dutta's staff membership remained intact and that the decision to revoke her access to the radiology facilities was purely a business decision.

The American College of Radiology filed an amicus brief supporting Dr. Dutta. It asserted that personnel decisions can affect the quality and availability of medical care, regardless of the basis for the decisions. The College emphasized that public policy demands that the medical staff be given the opportunity to identify and assess the medical care ramifications of excluding or including particular physicians. It argued that the governing board, which normally is composed of lay persons unschooled in medical science and practice, should have the benefit of the medical staff's judgment.

The hospital bylaws provided that any practitioner who receives notice of an adverse action that will affect his appointment to or status as a member of the medical staff, or his exercise of clinical privileges, will be entitled to a hearing. The bylaws further provided that the hearing is for the purposes of resolving, on an intra-professional basis, matters bearing on professional competency and conduct. In addition, the bylaws provided that "membership on the medical staff of St. Francis Regional Medical Center does not denote the right to exercise the clinical privileges requested."

The court of appeals ordered a new trial on the damage issue. (See article in "Medicina et Lex," KANSAS MEDICINE, July 1993.) The supreme court determined that the bylaws "when considered as a whole, support the conclusion of the court of appeals that Dutta was not entitled to a hearing because the hospital's managerial decision was based on business considerations." The court cited several cases from other jurisdictions in support of its reasoning and distinguished it from a Tennessee case which had received considerable attention from health law commentators.

In essence, the court has determined that if bylaw provisions support the conclusion, there is a clear distinction between clinical privileges and medical staff membership. Apparently, the former may be terminated if the hospital medical staff bylaws so provide, without affecting the latter.

*KMS Legal Counsel.

Comments appearing herein are not intended as a substitute for legal analysis or advice. Answers to legal questions depend largely upon the particular facts of a case. The reader is urged to consult an attorney for answers to specific legal questions.

These comments do not necessarily represent the views of KANSAS MEDICINE, or the Kansas Medical Society. For further information, contact Mr. Stratton, 515 S. Kansas, Topeka, KS 66603.

...dedicated to managing the costs of operating a medical practice

- allowing physicians to concentrate on the practice of medicine
- offering volume purchasing of forms, paper goods, and office equipment
- developing capacity to offer expert legal advice on contracts, reimbursement, and other legal issues

MSC
MEDICAL SERVICE
CORPORATION

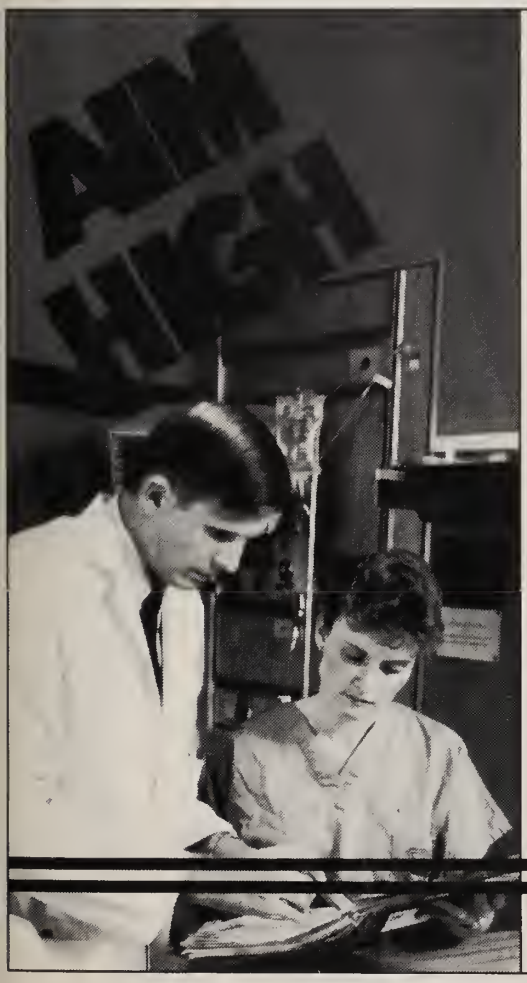
A KaMMCO Company
Sponsored by the Kansas Medical Society

- providing physicians an advocate in areas of purchasing, compliance, and management
- providing practice monitoring, assessment, and complete office management
- acting as a proven advocate for physicians, endeavoring to create a unified voice in medicine

Wichita Office
400 N. Woodlawn, Ste. 106
Wichita, KS 67208
316-681-3425
Fax 316-681-3554

Shawnee Mission Office
8600 Shawnee Mission Pkwy., Ste. 305
Shawnee Mission, KS 66202
913-262-8282 800-779-8201
Fax 913-262-8458

Topeka Office
623 SW 10th Ave., Ste. 200
Topeka, KS 66612
913-232-1015
Fax 913-232-4704



BE AN AIR FORCE PHYSICIAN.

Become the dedicated physician you want to be while serving your country in today's Air Force. Discover the tremendous benefits of Air Force medicine. Talk to an Air Force medical program manager about the quality lifestyle and benefits you enjoy as an Air Force professional, along with:

- 30 days vacation with pay per year
- Dedicated, professional staff
- Non-contributing retirement plan if qualified

Today's Air Force offers the medical environment you seek. Find out how to qualify. Call **USAF HEALTH PROFESSIONS TOLL FREE 1-800-423-USAF**

AIR FORCE

Introducing the New Alliance President



Fellow members,

I would like to introduce my wife, Nancy Craig, who assumed the leadership of the Kansas Medical Society Alliance at the annual KMS/KMSA meeting in Manhattan on April 30.

Nancy and I have been married for 25 years. We have four sons: Scott, a 21-year-old student at Colorado College; Darrin, who is 18 and a student at the University of Kansas; 16-year-old Andrew, a high school sophomore; and Patrick, an 11-year-old fifth grader.

Nancy graduated from K-State with a degree in elementary education and taught school during our medical school years. She enjoys painting, reading, golf, volleyball, and any activity that involves her children. In our community, Newton, she has served on the recreation commission, where during her presidency she was instrumental in developing the Newton Wellness and Fitness Center. She is a graduate of the Leadership Newton Class and most recently served on the hospital capital campaign committee to raise funds for a new hospital here. Other volunteer work has included helping to establish a play hospital to help young patients adjust to their first hospital visits, and assisting in organizing a Volunteen program.

She has been active in the schools, having taught computer programming and served as a reading tutor. She was a member of the district strategic planning team to help our schools prepare for changes in education, and she is a member of the parent advisory council in the high school.

Nancy is a lifelong member of the Episcopal Church, where she has served as a teacher and member of the altar guild. She is currently on the vestry, the governing body of the church.

Nancy's theme for the coming year is "Reach for the Stars." She has selected four primary "stars," or focus areas:

- **Legislation.** Nancy will continue to involve Alliance members in the legislative process, promoting contact with our legislators and starting a mini-internship program in which community leaders or legislators spend a day working with a physician.
- **Health issues** will continue to be a primary area of involvement. The Alliance will be involved with the Governor's Conference on Child Abuse Prevention, in obtaining bone marrow and organ donors, and in The Caring Program for Children. Increasing the awareness and importance of fitness and wellness as preventive medicine will be another focus area. Environmental issues will be added this year as a new interest of the Alliance.
- **AMA-ERF** fund-raising will continue to be a prominent alliance project, and there will be many efforts across the state to support this scholarship program.
- **Membership.** The fourth focus area involves working to increase membership numbers and to make all physicians and spouses aware of what the Alliance and the KMS accomplish across the state and nation.

Nancy feels that one person can make a difference, and she is encouraging individual members, as well as county alliances, to set goals for their own "stars."

Nancy brings experience and a caring, hard-working personality to the leadership of the Alliance. Her concern and expertise will represent the best Kansas medicine has to offer.

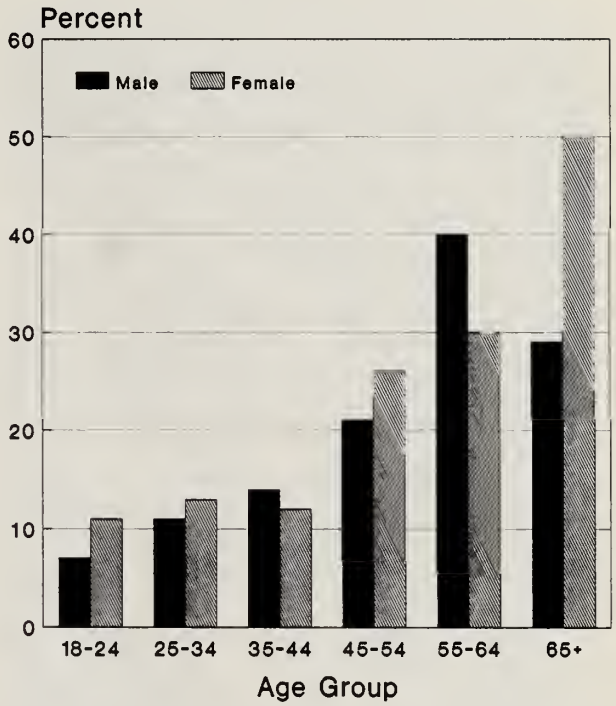
Charles C. Craig, M.D.

Hypertension in Kansas, 1992

Approximately 21% of adult Kansans report elevated blood pressure (systolic blood pressure ≥140 mm Hg and/or diastolic blood pressure ≥90 mm Hg) or are currently taking antihypertensive medication. This estimate is derived from the 1992 Kansas Behavioral Risk Factor Survey (BRFS), consisting of interviews with 1,440 Kansas residents. The BRFS is a random-digit-dialed telephone survey coordinated by the Centers for Disease Control and Prevention to assess health risk behaviors related to chronic diseases and injuries. The national BRFS includes 48 states and the District of Columbia.

The results from the Kansas survey are similar to the national results; the prevalence of high blood pressure rises progressively with increasing age (Figure). Men generally have a higher prevalence of hypertension earlier in life and through middle age, whereas women have a higher prevalence of high blood pressure later in life. Hypertension is also more common in the black population than in the white population. The estimated prevalence of hypertension awareness in Kansas (21%) is similar to the median prevalence of hypertension awareness in the United States (20%).

People with uncontrolled hypertension are three to four times more likely to develop coronary heart disease and have as much as seven times the risk of having a stroke as do those with normal blood pressures. Hypertension is also associated with an increased risk of developing congestive heart failure, renal insufficiency, and peripheral vascular disease.



Estimated prevalence of hypertension by age group and sex in Kansas, 1992.

The negative health effects of high blood pressure can be greatly reduced by modifying certain lifestyle behaviors such as weight, physical activ-

RECOMMENDATIONS FOR FOLLOW-UP BASED ON INITIAL SET OF BLOOD PRESSURE MEASUREMENTS FOR ADULTS AGE 18 AND OLDER

*Initial Screening Blood Pressure**		
Systolic	*Diastolic*	*Follow-up Recommended†*
<130	<85	Recheck in 2 years
130-139	85-89	Recheck in 1 year (Consider providing advice about lifestyle modifications.)
140-159	90-99	Confirm within 2 months
160-179	100-109	Evaluate or refer to source of care within 1 month
180-209	110-119	Evaluate or refer to source of care within 1 week
≥210	≥120	Evaluate or refer to source of care immediately

*If the systolic and diastolic categories are different, follow recommendations for the shorter time follow-up (e.g., 160/85 should be evaluated or referred to source of care within 1 month).

†The scheduling of follow-up should be modified by reliable information about past blood pressure measurements, other cardiovascular risk factors, or target-organ disease.

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

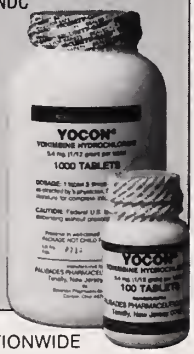
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
64 North Summit Street
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

ity, dietary sodium intake and alcohol consumption. Although cigarette smoking is not directly related to high blood pressure, patients should be advised to avoid tobacco use because of the strong association with cardiovascular disease and stroke. Reducing dietary saturated fat and cholesterol intake is also recommended for improved cardiovascular health.

The early detection, treatment and control of high blood pressure can reduce the risk of premature morbidity, disability and mortality. Current recommendations from the National Institutes for Health for the evaluation of blood pressure readings are given in the table.

Reported by: Office of Chronic Disease and Health Promotion, Kansas Department of Health and Environment.

EDITORIAL COMMENT

(Continued from page 104.)

physician-friendly. As long as we remain faithful to those objectives, we will succeed. The moment we forget or neglect them, we will fail.

It is said the Chinese characters for "crisis" and "opportunity" are almost identical, and we have before us the means to answer which it will be. The current crisis in health care represents an opportunity for us that may never come again. Will we have a network or a tangled web? The answer lies within each of us. At another time of crisis in our nation's history, Benjamin Franklin said, "We must all hang together, or assuredly we shall all hang separately." W.E.M.

Disseminated Histoplasmosis Treated with Fluconazole

KAREN S. BRIDGE, M.S., M.T.,* AND HEWITT C. GOODPASTURE, M.D.†

Histoplasma capsulatum is a soil fungus indigenous to Kansas and the central United States that occasionally causes severe infection in humans. Amphotericin has been the gold standard for antifungal therapy of disseminated histoplasmosis, but prolonged therapy (approximately 20 mg/kg to 30 mg/kg total dose) is generally recommended. In 1981, ketoconazole, an oral antifungal agent, was released for the treatment of certain systemic fungal infections, and some patients with disseminated histoplasmosis have been treated using ketoconazole, with favorable results.[1] However, ketoconazole has the distinct disadvantages of unpredictable gastric absorption, unmeasurable spinal fluid and urine levels, and potential severe hepatotoxicity.

Fluconazole, a triazole antifungal agent, has been used primarily to treat cryptococcal infection, but there has been some conflicting evidence that it may be useful in treating histoplasmosis. Fluconazole does not appear to have the hepatotoxicity of ketoconazole. It is well absorbed, even in lowered gastric acidity, and produces measurable levels in the spinal fluid and substantial levels in the urine. This report describes the dramatic response of a patient with acute disseminated histoplasmosis to fluconazole administered in a dosage of 200 mg daily for six months. There has been no evidence of relapse 18 months following treatment.

Case Summary

A 46-year-old white male, manager at an aircraft manufacturing company, had been in good health except for chronic smoker's bronchitis. In early April, he assisted in sawing up a dead tree on some property he owned in south-central Kansas. Approximately two weeks following this, he began having fever to 102° F. with night sweats. He had some cough and a pleurisy-like chest pain. He experienced poor appetite and nausea, and he began to lose weight.

On physical examination, the patient looked cachectic and chronically ill. There was no lymphadenopathy. His lungs were clear, with diminished breath sounds compatible with emphysema. A cardiac exam was normal. The abdominal exam showed a very firm, enlarged liver down about 4 fingerbreadths below the right costal margin.

The chest x-ray showed multiple macronodular lesions appearing throughout both lung fields and ranging in size up to 3 to 4 cm in diameter (Figure 1). Liver tests showed an alkaline phosphatase over 1300 (normal up to 225), with modest elevation of other transaminase values in the low 100s. A percutaneous biopsy of one of the lung nodules was performed. The histologic finding was nonspecific inflammation. A bronchoscopy was nondiagnostic. A liver biopsy revealed multiple granuloma.

Based on his clinical history, physical, and laboratory findings, the patient was suspected to have disseminated histoplasmosis. Since he did not appear to be acutely ill, we began a trial of therapy with fluconazole 200 mg daily. A week later, the lab reported growing histoplasmosis from the bronchoscopy and needle biopsy specimens from the lung nodule. The patient stated he was feeling significantly improved, and his fever had resolved. His appetite had improved, and his strength was better. He elected to continue fluconazole 200 mg daily. The patient continued to improve over the next six months, with a steady decline in the abnormal liver tests and a resolution of liver enlargement (Table 1). Within one month, he had returned to work and within four months, he had regained his baseline weight. A chest x-ray obtained four months after starting the fluconazole showed almost complete resolution of the lesions seen on x-ray (Figure 2). He completed six months of fluconazole and has now been followed for 18 months since discontinuing the therapy. There has been no sign of relapse.

*Microbiologist, St. Francis Regional Medical Center, Wichita.
†Dept. of Internal Medicine, UKSM-W.
Address correspondence to Dr. Goodpasture at 1100 N. St. Francis, Suite 130, Wichita, KS 67214.



Figure 1. Chest x-ray obtained prior to therapy showing macronodular lesions due to H. capsulatum.



Figure 2. Chest x-ray obtained at completion of therapy showing clearance of Histoplasma *nodules.*

Discussion

The discovery of the antifungal activity of the azole derivatives has provided a large number of compounds that may be useful alternatives to amphotericin B. The derivatives with an imidazole nucleus have shown good in vitro antifungal activity. Unfortunately, there have been problems with the pharmacology and toxicity of these agents, which has limited their usefulness. A derivative with a triazole nucleus, fluconazole appears to be much less toxic and has a high degree of bioavailability in humans, penetrating well into the spinal fluid and being excreted unchanged in the urine. However, there has not been a good assay system developed to test fluconazole in vitro for susceptibility to a variety of fungal organisms, including histoplasmosis. Using the current methodology for susceptibility testing of fungi, the drug does not appear to be particularly active against histoplasma.[3]

Beyond the in vitro data, the in vivo studies of fluconazole against histoplasmosis have shown varied results. Pottage and Sha[5] reported a patient infected with human immunodeficiency virus who developed histoplasmosis while on cryptococcal prophylaxis, receiving 200 mg of fluconazole daily. Medoff and colleagues[4] found that fluconazole required twice-daily dosing to show comparable effect to amphotericin in normal and leukopenic mice. Furthermore, *H. capsulatum* could be cultured from the spleens of some surviving animals at the end of treatment. In a recent review, Wheat[6] indicated that the role of fluconazole in therapy for histoplasmosis remains unknown until ongoing clinical trials are completed.

On the other hand, Diaz and the Pan-American Study Group[2] reported 8 patients with disseminated histoplasmosis who were successfully treated using dosages of fluconazole that ranged from 200 to 400 mg daily. Responses appeared to be uniformly good, and five patients were followed between 6 and 15 months post-therapy without

TABLE I
SELECTED LABORATORY TESTS MONITORED DURING FLUCONAZOLE TREATMENT OF DISSEMINATED HISTOPLASMOSIS INFECTION

Test Procedure	*5/21/91*	*5/28/91*	*7/25/91*	*8/29/91*	*11/15/91*	*3/18/92*	*2/3/93*
Alkaline phosphatase	1340	1050	660	368	262	186	178
GGT	790	730	550	425	292	146	NT
SGOT	81	48	47	46	34	34	24

evidence of relapse. The patients included four with oral disease, four with pulmonary disease, two with meningitis, and one each with laryngeal and lympahatic disease. Several of the patients had very long-standing disease prior to initial therapy. However, one patient died from other causes three months post-therapy, and his bone marrow cultures were positive for *Histoplasma* at autopsy.

Our patient was stable clinically, despite widespread disease, and he refused amphotericin as initial therapy. Because of the recent history of active acid peptic disease, he was taking ranitidine regularly. Furthermore, because of his very abnormal liver enzymes, we were reluctant to employ ketoconazole. We offered him the opportunity to try fluconazole 200 mg daily on a trial basis. He had a dramatic improvement in his symptomatology within a week, and a steady decline in his abnormal liver enzymes and physical findings. Subsequent chest x-ray likewise was clear of the large plaque and nodular lesions seen on the initial studies. The patient had no side effects while taking the fluconazole, and he was able to return to work as an aircraft plant manager within two weeks of initiation of treatment. Although fluconazole has only inhibitory properties against *Histoplasma*, and although the in vitro susceptibilities are not at all impressive, fluconazole worked quite effectively in the treatment of this patient. Eighteen months after completion of therapy, he has shown no indication of relapse.

Based on this experience, we believe that larger trials will confirm the utility of fluconazole in the treatment of histoplasmosis of all types in immunocompetent patients, confirming its effectiveness as an alternative to the toxicities and other problems associated with prolonged intravenous amphotericin B.

REFERENCES

1. Dunlap MD, Goodpasture HC. Histoplasmosis therapy. KANSAS MEDICINE 1986;127-29.

2. Diaz M, Negroni R, Montero-Gei F, et al. A Pan-American 5 year study of fluconazole therapy for deep mycoses in the immunocompetent host. *Clin Infect Dis* 1992;14(Suppl1):S68-76. 3. Kobayashi GS, Travis SJ, Medoff G. Comparison of fluconazole with amphotericin B in treatment of histoplasmosis in normal and immunosuppressed mice. *Rev Infect Dis* 1990;12:S291-93.

4. Kobayashi GS, Travis SJ, Rinaldi MG, Medoff G. In vitro and in vivo activities of Sch 39304, fluconazole, and amphotericin B against *Histoplasma capsulatum. Antimicrob Agents Chemother* 1990;34:524-28.

5. Pottage JC, Sha BE. Development of histoplasmosis in a human immunodeficiency virus-infected patient receiving fluconazole. *J Infect Dis* 1991;164:622-23.

6. Wheat LJ. Histoplasmosis in Indianapolis. *Clin Infect Dis* 1992;14(Suppl1):S91-99.

PREVENTIVE MEDICINE

(Continued from page 116.)

ing, and diminish accessibility to alcohol, tobacco and drugs. Last, enhance efforts in the clinical setting toward detecting adolescent drug use, and counsel or refer these patients as appropriate.

REFERENCES

1. Elster AB, Juznets NJ. *AMA Guidelines for Adolescent Preventive Services: Recommendations and Rationale* (Baltimore: Williams & Wilkins, 1994).

2. Cornelius MD, Day NL, Cornelius JR, et al. Drinking patterns and correlates of drinking among pregnant teenagers. *Alcoholism: Clinical and Experimental Research* 1993;17:290-94.

3. Ubell E. How to beat the odds. *Parade* March 20, 1993:12-15.

4. Pentz MA, Dwyer JH, MacKinnon DP, et al. A multicommunity trial for primary prevention of adolescent drug abuse. *JAMA* 1989;261:3259-66.

5. Secretary of Health and Human Services. Seventh Special Report to the U.S. Congress on Alcohol and Health. January 1990:209-41.

6. Goldberg L, Bents R, Bosworth E, et al. Anabolic steroid education and adolescents: do scare tactics work? *Pediatrics* 1991;87:283-86.

7. Bell RM, Ellickson PL and Harrison ER. Do drug prevention effects persist into high school? How Project ALERT did with ninth graders. *Preventive Med* 1993;22:463-83.

8. DeJong W, Atkin CK and Wallack L. A critical analysis of "moderation" advertising sponsored by the beer industry: are "responsible drinking" commercials done responsibly? *Milbank Quarterly* 1992;70:66-78.

9. Taxes as an antidote to addiction. *Newsweek*, March 28, 1994:26-27.

10. Schuckit MA. Low level of response to alcohol as a predictor of future alcoholism. *Am J Psych* 1994;151:184-89.

CARDIOLOGY NOTES

(Continued from page 120.)

clinical restenosis rates are generally lower and more representative of the actual number of patients who will require repeat intervention.

REFERENCES

1. CAVEAT Study Group. A comparison of directional atherectomy with coronary angioplasty in patients with coronary artery disease. *N Engl J Med* 1993;329:221.

2. Adelman AG et al. A comparison of directional atherectomy with balloon angioplasty for lesions of the left anterior descending coronary artery. *N Engl J Med* 1993;329:228.

Can Drug Use in Adolescents Be Prevented?

MARK P. KEREKES, M.D.,* *Kansas City*

The impact of alcohol, tobacco and substance abuse on American adolescents is staggering. Alcohol is associated with 50% of motor vehicle crashes, 50% of homicides and 30% of suicides — the three leading causes of death in young adults.[1] Thirty-five percent of pregnant teenagers report first trimester binge drinking.[2] Treatment of fetal alcohol syndrome, the leading known cause of mental retardation in developed countries, has been estimated to cost more than $300 million in the U.S. alone. There has recently been a 2% rise in cigarette smoking among adolescents.[3] These and other examples show that the "war on drugs" has not been a success. But can anything be done to curtail legal and illegal drug use among American teens? This article will review several models of prevention and focus on recent interventions in this area.

Most prevention strategies, focusing on early junior high school students, have attempted to delay onset of abuse of tobacco, alcohol and marijuana — the so-called gateway drugs, whose use often precedes initiation of harder drug use.[4] Programs follow one of three approaches: increasing knowledge and changing attitudes (scare tactics); developing peer refusal and social competency skills; and teaching values and decision-making skills.[5] Recently, the rational (knowledge-based) approach using scare tactics has been shown to be ineffective.[6]

Overall, the most promising results have been in programs which influence peer relationships and focus on psychosocial factors promoting drug use initiation. Known as the social influence model, these programs view initial substance use as a social phenomenon that is caused by pro-drug messages from peers, adults and the media.[7] Project Alert, in Oregon and California, has shown a 30% reduction in marijuana initiation in seventh and eighth graders by challenging beliefs that either encourage use or inhibit refusal of drugs.[7] Interestingly, groups using a teen leader demonstrated long-term reductions in pro-drug beliefs, while the adult-led groups did not. Project STAR, a community-based program in Kansas City, sought to address the powerful influences of the media, parents, community leaders, school and government.[4,7] Significantly lower usage of cigarettes, marijuana and alcohol were seen at one-year follow-up.

Adolescent drug prevention programs, while showing some positive responses initially, generally show erosion of effect after two to three years.[7] Nonetheless, an important observation is the beneficial effect of both peer and parental involvement.[1]

Other approaches target advertising, alcohol and tobacco prices and drunk-driving policy. Because children link drinking with romance, sociability and relaxation, there have been calls for increased regulation and even a complete ban on advertising.[8] Proponents of raising alcoholic beverage prices note a drop of 27% in the real price of beer between 1960 and 1980.[5] For every 10% increase in the cost of cigarettes, a 4% drop in consumption results.[9] Congress will consider the High-Risk Drivers Act, which encourages states to set a 0.02% blood alcohol limit for teens, and to suspend automatically the licenses of those convicted of alcohol offenses, termed zero tolerance.

While no evidence yet exists that brief office counseling is beneficial for children, studies have shown that this strategy can be useful in adults.[1]

To combat the growing epidemic of alcohol, tobacco and substance abuse in the young, health professionals will need to follow three approaches. First, develop specific prevention and treatment strategies for individuals genetically susceptible to conditions such as alcoholism.[10] Second, lobby for and participate in community-based interventions which modify peer and role model influence, minimize the impact of advertis-

(Continued on page 115.)

*Address correspondence to Dr. Kerekes at Division of Child Psychiatry, KUMC, 3901 Rainbow Boulevard, Kansas City, Kansas 66160.

Conservative Treatment of Splenic Lacerations

DAVID BRAKE, M.D.,* *Wichita*

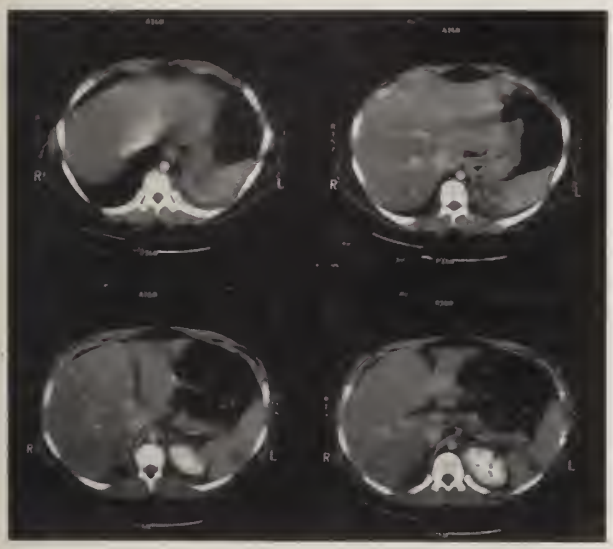
An 11-year-old presented with back and abdominal pain after being thrown from a pickup truck. The initial CT scan of the abdomen (Figure 1) showed a 3.0 cm by 4.0 cm area of anteromedial splenic laceration, and a 2.0 cm by 4.0 cm area of posterolateral splenic laceration. A small amount of fluid surrounded the spleen, but no free fluid was in the peritoneal cavity. A small left pleural effusion was present. The patient was treated conservatively and remained clinically stable. An abdominal CT scan done four days later showed the splenic lacerations to be unchanged, and the spleen remained stable in size. The pleural effusion previously seen had resolved. A follow-up, outpatient abdominal CT, done three weeks later, showed markedly smaller splenic lacerations, each measuring 1.0 cm by 1.5 cm (Figure 2).

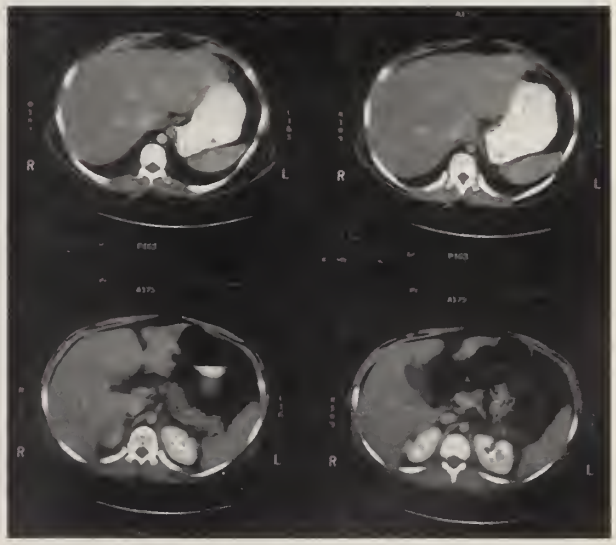
Discussion

CT scanning of the abdomen now plays a major role in the evaluation of blunt trauma. This case demonstrates splenic injury with two lacerations, but no free fluid in the peritoneal cavity. Therefore, this injury would have been undetected by four quadrant taps of the abdomen. Although sonography is generally an excellent imaging technique in the abdomen, sonographic evaluation of the spleen is inferior to that of CT because of the presence of adjacent bowel loops. CT scanning has contributed greatly to the detection and conservative management of splenic injuries, and has demonstrated that the spleen has considerable capability to heal. Splenic preservation is especially desirable in younger individuals for the maintenance of immunologic function.

REFERENCE

Malangoni MA, et al. Evaluation of splenic injury by computed tomography and its impact on treatment. *Ann Surg* 211;5:592-97.





*Address correspondence to Dr. Brake at Dept. of Radiology, UKSM-Wichita, 1010 N. Kansas, Wichita, Kansas 67214.

Eye Injury: Kansas Ophthalmologists' Quest for Prevention

D. W. BELL, M.D.,* *Overland Park*

Eye trauma is a leading cause of blindness and visual impairment that affects hundreds of thousands of Americans, yet it is the most preventable and treatable of all eye disease. Ninety percent of all eye injuries can be prevented. Eye injuries are the most common cause of blindness in just one eye and may create a lifelong disfiguring disability. Injuries less serious than blindness may still result in considerable pain, suffering and expense and may require extensive medical care, including surgery, hospitalization and repeated treatments over a long period.

Eye injury is a growing problem. Over 2.4 million eye injuries occur each year — 2,500 every working day in America — and at least 40,000 Americans suffer vision-related problems, often permanent, as a result of such injury. Eye injury is second only to cataract as the most common cause of impaired vision. About 1 million people in the United States are visually impaired in some way, due to eye injury, and of these 75% have become blind in one eye. Hospital emergency room personnel see an estimated 70,000 sports-related eye injuries each year, nearly one-third in children under the age of 15 years. One of every 20 patients seen by an ophthalmologist is there because of an injury.

Despite the scope of the public health problem presented by eye injuries, the subject has not received the attention it merits. Only three cents of every dollar spent by the government on eye research goes to support studies related to injuries. There is little reliable information on incidence, severity and causes. Such information is basic to the understanding of circumstances and mechanisms involved. This type of information is of great value because it can be used to establish programs, preventions and new treatments to save sight.

*Address correspondence to Dr. Bell at 7000 W. 121st Street, Overland Park, KS 66209-4000.

Perry N. Schuetz, M.D., Great Bend, contributed some information to this article.

Because there are no Kansas data regarding eye injuries, and therefore no ways to plan for prevention, the Kansas Eye Injury Registry (KEIR) is attempting to collect information on all significant eye trauma occurring in the state. This nonprofit service is sponsored by the Kansas State Ophthalmological Society (KSOS). Information collected on causes of and places where eye injury occurs will be used in programs to help protect Kansans from loss of eyesight due to injury. The KEIR is the only statewide project of its kind.

The registry works by having eye trauma reported to it by treating ophthalmologists and their staff or hospital emergency room staff. Only significant eye injuries that could result in permanent visual impairment are reported. Data are then stored in the central computer, and a six-month follow-up is carried out to evaluate the final outcome of the injury. The Kansas project was begun on February 1, 1991. Since that time, it has logged over 200 injuries. This does not represent all the injuries in the state during this time; only those reported to the registry. It is hoped that increasing numbers of injuries will be reported until we reach 90 to 100% reported each year.

So far we have learned that in Kansas 70% of eye injuries occur at home. As might well be suspected, the front of the eye receives more injuries than any other part, but the vitreous and retina are frequently injured too. Eye protection is not used in the majority of cases. In those for which we have information, drug and alcohol use are not predominant factors. Intentional injury by assault is the cause in 10% of cases, while injury is unintentional in 90%. Bystanders were injured in 15% of the cases.

In Kansas, 30% of eye injuries are work-related, and the most common causes are injury by nails or other blunt objects and hammering on metal. Statistics have shown that most injuries occur when no eyeglasses (either regular or safety) are worn. Since OSHA has begun identifying eye hazards in many workplaces and has mandated

the use of eye protection, the number of work-related accidental eye injuries has declined.

Less than one percent of injured eyes had been injured prior to the reported injury. As would be suggested by Kansas demographics, whites are more often injured than any other race. Injured males outnumber females by almost ten to one. Forty-seven percent of all injuries in the state occur between 0 and 20 years of age, 29% occur in people from ages 21 to 40, and 24% occur in Kansans over the age of 40.

Reporting in the last two years has revealed two interesting new sources of injuries: auto air bags and bungee cords. Serious blunt injury from air bags, requiring surgery to repair, has occurred in three people. Under certain circumstances, air bag propellants can cause chemical injuries. Bungee cords have accounted for two people losing vision totally due to cataract, retinal detachment and glaucoma. These injuries occurred when the stretchy cords retracted suddenly, and the end-piece struck the victims' eyes.

To encourage volunteer reporting, the forms used are very brief. They were developed through the United States Eye Injury Registry and designed so that the information is reported consistently and comprehensively enough to be valuable. Because the impetus for this project is to develop prevention and treatment modalities, the members of KEIR hope a collective statewide and national effort will yield sufficient data to provide vital information on eye injury and visual loss. KEIR hopes it can help people think differently about accidents. People tend to assume accidents will happen to a neighbor, to the the other guy, but not to them. If we can convince people of the possibility of eye injury, and teach them how to avoid it, we will have accomplished something. Questions about this project should be directed to the Kansas Eye Injury Registry, Kansas State Ophthalmological Society, P.O. Box 4842, Topeka, Kansas 66604; 913-234-9719.

Kansas specialty societies are encouraged to submit similar reports on their activities and projects for publication in KANSAS MEDICINE.

CLASSIFIED ADVERTISEMENTS

TIRED of on-call responsibilities and days that blend together with no family time in between? Are you frustrated that you have become more of a businessman than a clinician? Emergency Medicine allows you a set schedule, guaranteed income and the elimination of administrative costs & headaches, while you practice the art of medicine. Opportunities exist in several locations throughout Central & Western Kansas that will allow you to pursue your career as you had intended. Professional liability insurance can be procured on your behalf. Join the expanding field of emergency medicine and leave the business world behind. Call Brian Nunning at 1-800-326-2782 for a confidential, non-obligatory discussion of settings and volumes, or fax your CV in confidence to 314-291-5152. Coastal Emergency Services of St. Louis, Inc.

KAISER PERMANENTE Medical Group, Kansas City area, has openings for BC/BE physicians in Internal Medicine, Family Practice, OB/GYN, Psychiatry and Orthopedic Surgery. The absence of fee-based pressures creates a working environment where physicians can concentrate on providing quality medical care. Benefit package is very attractive. If you are looking for a more predictable schedule with all practice expenses paid, call Melanie Wall at 913-967-4669, or fax CV to 913-381-9723, or send CV to 10561 Barkley, Suite 506, Overland Park, KS 66212.

ASSOCIATE PHYSICIAN: Women's Health Care. Compassionate physician, male or female, with surgical experience (FP, surgery, EM, OB/GYN) to participate in first- and early-second-trimester (14 weeks) abortion practice. Two to four Saturdays/month in Wichita, Kansas. Fee for service and no overhead. Send resume to George R. Tiller, M.D., Medical Director, WHCS, 5107 E. Kellogg, Wichita, KS 67218.

TIME FOR A MOVE ?
FP, IM, OB/GYN, PEDS...

"We won't sell you on a practice - if we don't have it, we'll find it."

Kansas 40+ Cities:	National 750+ Cities:
Kansas City	St. Louis
Wichita	Chicago
Topeka	Indianapolis
Overland Park	Tampa
Newton	Cincinnati
Wellington	Jacksonville



The Curare Group, Inc.
(800) 880-2028, fax (812) 331-0645
M-F 8am-7pm, Sat 12-4 CST

Atherectomy Similar to PTCA for CAD

DONALD L. VINE, M.D.,* *Wichita*

With a reported occurrence of 30% to 50%, restenosis remains the major limitation of percutaneous coronary angioplasty (PTCA). For this reason, traditional balloon dilation has been challenged by a number of alternative technologies developed in the hope that restenosis can be reduced, of not eliminated.

Directional atherectomy (DCA) catheters employ a caged shaver that is pressed against coronary artery plaque by inflation of a positioning balloon. The atheromatous material is then shaved off and captured within the cage.

After initial FDA approval, more than 50,000 DCA angioplasty procedures were performed before the first randomized trials that directly compared the results of DCA with balloon angioplasty were completed and reported.

CAVEAT Study

A multicenter consortium of 35 institutions enrolled 1,012 patients representing 11% of all interventional procedures at the participating centers. Selection was based upon the presence of a partially obstructed artery of at least 3 mm diameter that was suitable for either PTCA or DCA.

Two-thirds of the patients had unstable angina. About 60% of the lesions involved the anterior descending and 30% the right coronary artery. Crossover rates were 17% from DCA to PTCA and 4% from PTCA to DCA. Additional catheter interventions were required in 26% of DCA vs. 14% of PTCA patients.

Initial success was 96% for both procedures as assessed by the physicians performing the studies, but differed in favor of atherectomy 82 vs. 76%) at off-site review of the films.

Clinically important complications, such as death, EKG myocardial infarction and coronary bypass surgery, occurred more frequently in the DCA group (11 vs. 5%). When enzyme changes were considered, the myocardial infarction rate for DCA was twice that of PTCA (19 vs. 8%).

Early complications & late restenosis				
	Uncomplicated		Restenosis at F/U	
Trial	DCA	PTCA	DCA	PTCA
CAVEAT	89%	95%	50%	57%
Canadian	91%	91%	46%	43%

Ninety percent of the eligible patients underwent follow-up angiography at six months. The rate of restenosis to less than 50% obstruction was not significantly different for DCA than for PTCA (50 vs. 56%). There was a suggestion that stenosis responded more favorably to DCA (63 vs. 51%). Stenoses at other sites had an angiographic restenosis rate of about 50% with either procedure.

Canadian Study

Patients with suitable stenosis of the proximal left anterior descending coronary artery were randomized to undergo DCA or PTCA (138 and 136 patients, respectively). More patients undergoing PTCA had unstable angina. Initial success without any adverse event was 91% for each group.

After an average follow-up of 5.9 months, angiographic restenosis to more than 50% was present in 46% of the atherectomy group and 43% of the angioplasty patients.

Comments

These studies do not support the routine use of DCA over PTCA for treating patients with symptomatic coronary artery obstruction, especially in the setting of unstable or progressive angina. Although the CAVEAT study suggested a benefit for the subset of patients with proximal LAD stenosis, the Canadian study, which was confined to LAD lesions, does not support this observation.

While angiographic restenosis rates approximating 50% for either procedure seem high, the

(Continued on page 115.)

*Associate Professor, Department of Medicine, University of Kansas School of Medicine-Wichita.

Address correspondence to Dr. Vine, Department of Medicine, UKSM-W, 1010 N. Kansas, Wichita, KS 67214.

Emergent
Business
Capital

**Giving Physicians
The Long Term Credit
They Deserve...**

Specializing in Long Term Loans For:

* Refinancing Short Term Debt
* Purchase of Equipment
* Practice Acquisition/Expansion
* 25 Year Real Estate Loans

316
263-1001

Emergent Business
Capital, Inc.

121 W. Dewey, Suite 210
Wichita, KS 67202

$1 million Maximum
Competitive Rates
No prepay penalty
No Balloons
Rapid Turnaround

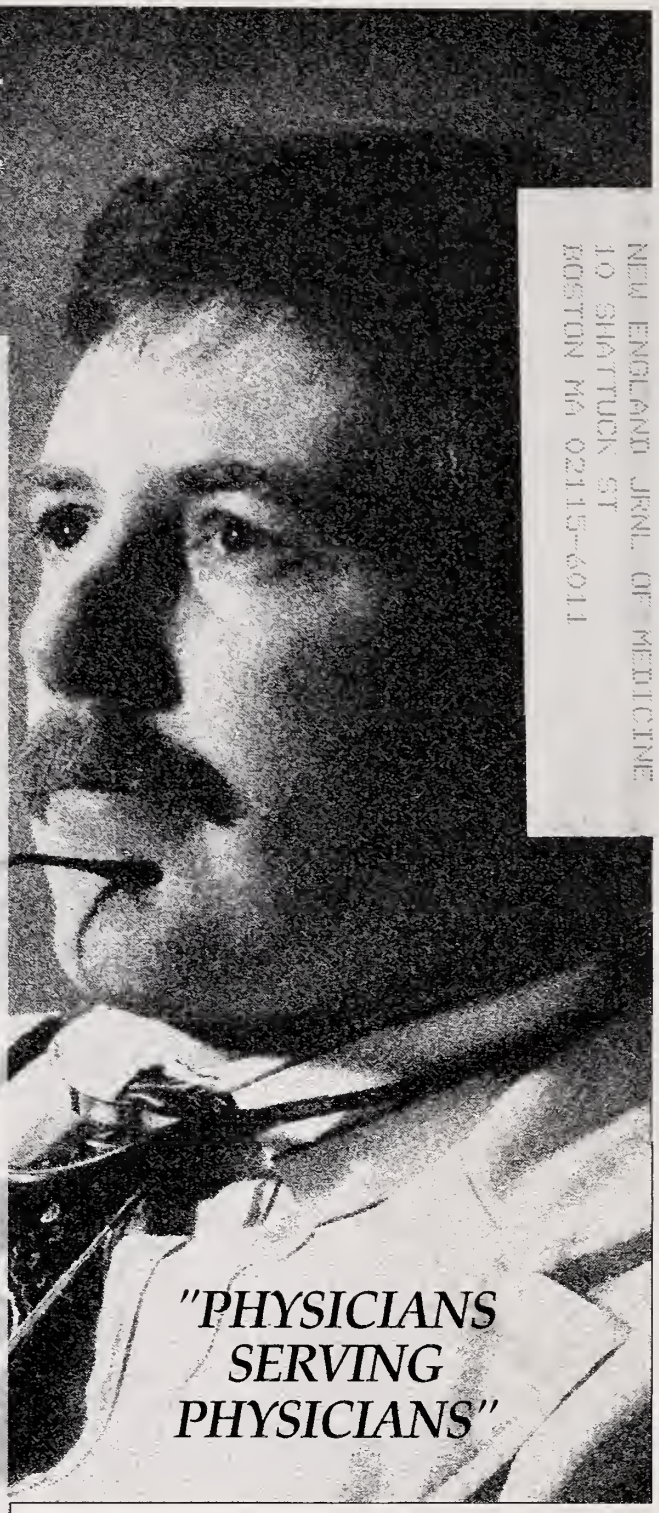
ANNOUNCING SOMETHING UNCOMMON... A COMMON SENSE APPROACH

Who understands the challenges facing today's physician better than other physicians? KaMMCO was formed *for* physicians, *by* physicians, to provide you with competitive rates and innovative services. Physician owned and controlled, we set the standards for superior service, and uncompromising protection.

Among the personal services we provide are:

- Technical advice and information on a variety of health care law issues
- Physician focused management and purchasing services through Medical Services Corporation
- Strong defense of non-meritorious claims and physician support during claims
- Close working relationship with the Kansas Medical Society
- Legislative advocacy
- Loss prevention activities for physicians and staff
- Medical office reviews
- Personalized member service and toll-free access

Physicians serving physicians...it's just common sense.



XE
NEW ENGLAND JRNL OF MEDICINE
10 SHATTUCK ST
BOSTON MA 02115-6011
1-40900

KaMMCO

KANSAS MEDICAL MUTUAL INSURANCE COMPANY

623 SW Tenth • Topeka, Kansas 66612
(913) 232-2224 • 1 (800) 232-2259

V. 95 #6 June

Never Received

KANSAS MEDICINE

JOURNAL OF THE KANSAS MEDICAL SOCIETY

July 1994 Volume 95, Number 7

AUG 2 6 1994



- Radiology Department Tornado Preparedness
- Council District Reports
- New This Month: Your Older Patient
- Medicine and Computers
- Physician-Assisted Suicides

KANSAS MEDICINE

VOLUME 95 · NUMBER 7 · JULY 1994

CONTENTS

Scientific Article

167 Impact of a Major Tornado on the Radiology Department of a Large Teaching Hospital
Evaluation and revision of the emergency preparedness plan.
David Brake, M.D., Craig A. Nasralla, M.D., Joseph E. R. Hagman, M.D., and Jennifer K. Samarah, M.A.

Departments

149 Cover Story
150 Editorial Comment
152 President's Message
154 Medicina et Lex
156 Dean's Report
158 Alliance News
169 Classified Advertisements
170 Preventive Medicine
172 Radiology Vignette
173 News from KDHE
174 Your Older Patient
176 Medicine and Computers

Miscellaneous

155 Change-of-Address Form
160 Council District Reports
166 Information for Authors

EDITORIAL BOARD

Warren E. Meyer, M.D., Acting Editor
M. Martin Halley, M.D.
David S. Jacobs, M.D.
Harry G. Kroll, M.D.
Donald R. Pierce, M.D.
James H. Ransom, M.D.
William J. Reals, M.D.
Donald L. Vine, M.D.
Anne D. Walling, M.D.

ST. FRANCIS A. COUNTWAY
LIBRARY OF MEDICINE
BOSTON, MA
AUG 2 6 1994

STAFF

Susan Ward
Production Editor

Jeremy Slaughter
Business Manager

KANSAS MEDICINE (ISSN 8755-0059) is published monthly by the Kansas Medical Society, 623 W. 10th Avenue, Topeka KS 66612. KMS membership includes a one-year subscription for which $15 is allocated from each member's dues. Rates to others: $45/yr domestic; $50/yr foreign. Printed by The Ovid Bell Press, Inc., Fulton MO. Second class postage paid at Topeka KS and at additional mailing offices. POSTMASTER: Send address changes to KANSAS MEDICINE, 623 W. 10th Avenue, Topeka KS 66612.

Indexed in *Hospital Literature Index* and *Index Medicus*. Available through University Microfilms. Listed in *CC/Clinical Practice*. Search Resource for Institute for Medical Information, Inc., and Medical Search, Inc.

Copyright 1994 by the Kansas Medical Society. Permission to reproduce materials published herein must be obtained from KANSAS MEDICINE and the author(s). Although effort is made to publish only accurate articles and legitimate advertisements, KANSAS MEDICINE denies legal responsibility for statements, opinions or advertisements appearing under the names of contributors or concerns. Address all correspondence to: KANSAS MEDICINE, 623 W. 10th Avenue, Topeka KS 66612.



ABOUT OUR LOGO

In January 1935, a new logo appeared on the cover of KANSAS MEDICINE for the first time. This device represents two stethoscopes: the original monaural type as used by Läennec, and the modern binaural variety. The logo was designed expressly for KANSAS MEDICINE by renowned graphic designer Bradbury Thompson, a native of Topeka and friend of two former editors of the journal, Dr. W.M. Mills and Dr. Lucien Pyle. As another former editor, Dr. Orville R. Clark, wrote in January 1955, the logo "has become as much a part of the journal as any of the features on the inside and is something which is ours alone."

This month's cover photo, entitled "Kansas Morning," is from the book *Kansas on My Mind*, which contains an introduction and photographs by Steve Harper. His photo of the Flint Hills burnoff was featured on our cover in April. If you see this book, you'll marvel at the many forms of beauty in the Sunflower State, refuting the common impression that Kansas is just a stretch of flat land as far as the eye can see.

The scene on our cover, in Harvey County, is another example of the beauty found in Kansas, often in the most ordinary places. It reminds us of the warm — even hot — summer days that are normal seasonal fare for our state. The black-eyed Susans form a cheerful border in the foreground, and an occasional lazy white cloud floats at a leisurely pace across the sky. It is hard to determine if the wheat field has been harvested, but at this time of year the harvest has probably been completed. The scene suggests it has been another good year.

The perfectly formed rainbow, a refraction and reflection of sunlight on raindrops, indicates a recent shower and helps to create a remarkable picture of Kansas, one that brings to mind the statement by legendary Emporia *Gazette* editor William Allen White that "Kansas is a state of the Union, but it is also a state of mind . . . the barometer of the nation. . . . Kansas is a spiritual tuning fork."

Contemplating this Kansas morning, if we close our eyes and listen very carefully, we just might hear the click of ruby slippers and a voice from the other side of the rainbow: "There's no place like home." Right you are, Dorothy.

Free to Choose



As the spectre of health care reform (or revolution) approaches, one of the major concerns among patients is their ability to choose their own doctor. Although assurances have been given that this will be a feature of the reform plan, a careful reading of the proposal would indicate otherwise. As delineated so far, the health care "alliances" do not necessarily have to enroll every physician, so the physician a patient desires may not be a member of the alliance from which the patient must choose a doctor. There are also penalties (fines and/or imprisonment) if one goes outside the alliance and makes arrangements with the physician of choice. While the plan at this point is not finished, one hopes that these concerns will be corrected in the final draft.

Another choice that is nowhere mentioned, but is of concern to some, is the physician's choice of patients. Principle VI of the AMA's Principles of Medical Ethics states, "A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services." The concern is that in spite of this principle, which has stood for many years and which may seem inviolate, the federal government may overrule it, reasoning in its usual illogic that all physicians are the same, that the principle just allows some doctors to avoid treating patients they don't like, and that this is discriminatory and must be abolished.

But the principle is a good one and must be maintained. From ancient times, physicians have recognized that a patient's health and well-being depend on a collaborative effort between patient and physician. The time-honored doctor-patient relationship is of greatest benefit to patients when they are comfortable with their doctor — when they can share their symptoms, concerns and medical history in a confidential manner and place their confidence and trust in his or her judgment and care.

Principle VI takes into account the fact that the personalities of patient and doctor may not always be compatible. Many times, the physician is the first to notice the conflict. In such a situation, the physician should notify the patient and provide care until the patient has secured another physician. Signs that indicate incompatibility may include a failure to keep appointments; non-compliance with treatment modalities such as medications, rehabilitation efforts, etc.; and litigation. In the best interests of the *patient,* the freedom of the physician to choose whomever to serve must be maintained!

If these concerns seem unfounded, consider how other players in the health care field have been treated of late. The pharmaceutical industry was blasted by the Clintons in January because of their "greed" and "outlandish" pricing. In the spring, Mrs. Clinton railed against the insurance industry, especially after the "Harry and Louise" television commercials. There is no doubt that as the health care debate continues, hospitals and physicians will come in for their share of criticism. Think back to Medicare and Medicaid, when the government accused hospitals and physicians of cheating the government, although they could produce little evidence to support their claims. Eliminating the physician's right to choose whomever he or she will serve would make the government's plan easier to administer and more firmly establish their control of health care. It would be interesting to see how an amendment to preserve the physician's right to choose whomever to serve, except in emergencies, would be received in the halls of Congress.

This administration's policy seems to be to divide and conquer. Let us be wise enough not to let it put health care under government control. That is not in our patients' best interests. W.E.M.

COMMITTED TO EXCELLENCE

Roche

PRESIDENT'S ACHIEVEMENT AWARD

ROCHE LABORATORIES

presents the winner of the 1993 President's Achievement Award

Please join us in honoring this outstanding Roche representative who has distinguished himself by a truly exceptional level of professionalism, performance and dedication to quality health care. Throughout the year, this award-winning individual has consistently exemplified the Roche Commitment to Excellence and we're proud to invite you to share in congratulating him on his achievement.



John Scheufler
Wichita, Kansas

PRESIDENT'S MESSAGE

A Graduation and a Renewal



My son Steve and I had the great pleasure of sharing a wonderful experience in June: his graduation from medical school. Kay and I arrived in Hanover, New Hampshire (the home of Dartmouth) the Thursday before Steve's graduation. That evening we hosted an informal gathering of several of his classmates. It was fascinating to hear their conversations: the sadness of leaving each other, the awareness of loss of the supportive relationships they'd formed, the joy of a newly married couple, the joy and eager expectation of the couple expecting its first child, and the universal excitement and anxiety of starting the next chapter of their lives, and of going off to places like New York City, Baltimore, Boston, Chicago, Iowa City, Denver, Salt Lake City, Los Angeles, San Francisco and many others. I had forgotten that sense of excitement and, yes, fear my class experienced when we graduated 29 years ago!

Friday began with a trip to the medical school and visits to the book store to close out his account and pick up the emblems of remembrance: a lapel pin and tee shirt. Then to the mailbox to close it out and, of course, there were continuous farewells — even to the canine mascot. I'd forgotten how difficult those good-byes were.

Next was the last formal lecture session for the class — in the lecture hall where it had all begun almost four years ago. The class had chosen three favorite faculty members to present the farewell addresses. First was the short, dapper, balding general internist who presented a carefully phrased address, complete with slides, about taking the high road and about the road(s) less traveled. It was very scholarly and quietly uplifting.

Next was the steely-eyed general surgeon with his abrupt, penetrating lecture — he even asked questions! I found myself slouching in my seat, fearful he might call on me. But after the first several serious minutes, he switched to a warmer (somewhat) style and spoke for himself and the rest of the faculty about his confidence that the class will make itself and Dartmouth proud.

Finally came the family physician, with her three-year-old son in the back row (having just come from his nursery school graduation), telling the class how talented each of them is, challenging them to do their best, and assuring them that if they do, they will be great. I don't remember such speeches at my graduation, but I suspect we had them.

The last event on Friday was the very informal rehearsal of the actual graduation ceremony. At this time, we were told that physician fathers (and mothers, too — but there were none) could participate in the hooding.

Saturday was class day, warm and sunny. The ceremony was held on the lawn of the medical school with the students and well-wishers in wooden folding chairs and the dignitaries and faculty seated on temporary risers, facing the students. There was, of course, the welcoming address by the dean of the medical school, with his subtle but effective plea for donations from alumni and friends. Several honors were given to alumni and students. Then came the graduation address by Dr. Perri Klass, a pediatrician and author.

She spoke about how all of our lives are rich with experiences if we just look and listen, and about how there is a writer in all of us (physicians). She encouraged the graduates to broaden themselves and reach for the higher goals.

Then came the hooding ceremony — how impressive were those deep green hoods, and how proudly we parents put them over the heads of our sons and daughters, and how proud they were then to walk across the stage and descend as "real" doctors — well, almost.

After Josh Yamamoto (last in the class alphabetically) received his hood, Professor John Rassias read the Oath of Hippocrates in the original ancient Greek. The graduates and all physicians in attendance then recited the modern oath. It's changed since we did that in 1965.

With these new graduates I felt a (renewed) sense of purpose and dedication and a sense of privilege and pride in being a physician. At that point, I realized that this new generation will continue to enjoy that same almost mystical sense of purpose and mission that we have — regardless of the effects of health care system reform.

I needed that experience of renewal. I think we all can benefit from a renewal from time to time!

Donald R. Brada, MD

100% NO LOAD

A LOW-RISK APPROACH TO TAX-FREE INCOME

YIELDS
7.25%
Tax-equivalent 36% tax rate
4.64%
Current yield as of 5/22/94

T. ROWE PRICE TAX-FREE INSURED INTERMEDIATE BOND FUND. This is the *only* no-load intermediate-term fund that offers high tax-free income, extra credit protection, and moderate market risk from a portfolio of insured municipal securities.

Extra credit protection with high tax-free income. As a tax-free investment, this Fund offers the highly taxed investor one of the few remaining ways to shelter income and earn high yields. In today's uncertain economic environment, this Fund can provide added security in two ways:

- The medium-term, 5–10 year average weighted maturity of the Fund lets you earn higher yields than short-term bonds with lower volatility than long-term bonds.
- Insured AAA-rated bonds have minimal credit risk and carry the highest bond rating, insuring timely payment of principal and interest.*

Put our tax-free expertise to work for you. The Fund's managers adhere to a proven strategy of active portfolio management to enhance returns and manage risk. We currently have 18 tax-free funds with more than $5 billion in municipal assets for investors nationwide.

Call for our free report. *The Basics Of Tax-Free Investing* can help you learn more about the benefits of tax-free investing. $2,500 minimum. Free checkwriting. **No sales charges.**

High Tax-Free Income
Free from federal taxes.

◆

Credit Protection
Fund only invests in municipal securities that are insured.

◆

Experienced Management
Over $5 billion in municipal assets.

◆

No Sales Charges
No fees to invest or withdraw, no 12b-1 fees.



Call 24 hours for a free report
The Basics Of Tax-Free Investing
1-800-541-8312

Invest With Confidence
T.RowePrice

4.5% and **7.4%** are the 1-year and since inception (11/30/92) average annual total returns, respectively, for the period ending 3/31/94. *Securities in the Fund are guaranteed as to the timely payment of principal and interest, but the insurance does not guarantee the market value of the bonds in the portfolio. A security's rating is based on the insurer's AAA rating, and no representation is made as to any insurer's ability to meet its commitments. The Fund itself is not insured nor is the value of the shares guaranteed. Fund's share price and yield will vary as interest rates change. Figures include changes in principal value, reinvested dividends, and capital gain distributions. Total returns represent past performance, and cannot guarantee future results. Investment return and principal value will vary, and shares may be worth more or less at redemption than at original purchase. Some income may be subject to state and local taxes and the federal alternative minimum tax. Past and present expense limitations have increased the Fund's yield and total return. Request a prospectus with more complete information, including management fees and other charges and expenses. Read it carefully before you invest or send money. T. Rowe Price Investment Services, Inc., Distributor. TH023115

Physician-Assisted Suicide: Washington State Law Is Unconstitutional

WAYNE T. STRATTON, J.D.,* *Topeka*



A case with significant implications in the long-debated issue of physician-assisted suicide was decided recently. A federal court ruled that a Washington state ban on assisted suicide is unconstitutional. Unlike the widely publicized cases involving Dr. Jack Kevorkian, which applied the Michigan Constitution, this case applies the U.S. Constitution.

The United States District Court for the Western District of Washington ruled that the Washington state law, which declared it a felony to assist anyone in committing suicide, was unconstitutional because it placed an undue burden on the exercise of a protected liberty interest. As written, the law would not allow terminally ill, mentally competent adults acting knowingly and voluntarily, without influence from third parties, to commit physician-assisted suicide. The court went on to say that the Washington state law also violated the right to equal protection under the United States Constitution by prohibiting physician-assisted suicide while permitting the refusal or withdrawal of life support systems for terminally ill individuals.

While the Washington state statutes more clearly and expressly prohibited physician-assisted suicide for the terminally ill than does the criminal statute making it a felony to assist with a suicide in Kansas, the two laws were otherwise similar. Both the Kansas and the Washington statutes deem it a felony for anyone to intentionally advise, encourage, or assist another person in taking his or her own life. At the same time, both states statutorily allow the withholding or withdrawal of life-sustaining procedures from terminally ill patients through either their own decision or through a written declaration.

The Supreme Court has heretofore identified certain fundamental rights that are entitled to constitutional protection. These include decisions relating to marriage, procreation, contraception, family relationships, child rearing and education. These rights involve issues which, to paraphrase the Supreme Court, are too intimate and personal for the State to interfere with, notwithstanding the way such principles have developed in our culture.

The plaintiffs in the Washington case included three patients. One, a 69-year-old retired female pediatrician, who suffered from the end stage of cancer which had metastasized throughout her skeleton. She went by the pseudonym Jane Roe. While Roe had been completely bedridden and incontinent for nearly a year, at the time of this decision she was still mentally competent and desired to have a physician assist her in hastening her death by taking prescription drugs. The second plaintiff, called John Doe, was a 44-year-old artist dying of AIDS. His doctor provided testimony that he was in the terminal phase of the illness. Finally, James Poe is a 69-year-old individual who suffers from the terminal stage of emphysema. Poe is now constantly connected to oxygen and takes morphine regularly to calm the panic reaction associated with the feelings of suffocation arising from his condition.

Joining the three patients were five physicians: Dr. Harold Glucksberg, an oncologist and assistant professor of medicine at the University of Washington School of Medicine; Dr. John Geyman, professor and chair of the Department of Family Medicine and currently in private practice in that specialty; Dr. Thomas A. Preston, chief of cardiology at Pacific Medical Center in Seattle, whose practice includes a large number of HIV-infected and AIDS patients; and Drs. Halperin and Shalit, clinical instructors at the University of Washington School of Medicine.

*KMS Legal Counsel.

Comments appearing herein are not intended as a substitute for legal analysis or advice. Answers to legal questions depend largely upon the particular facts of a case. The reader is urged to consult an attorney for answers to specific legal questions.

These comments do not necessarily represent the views of KANSAS MEDICINE, or the Kansas Medical Society. For further information, contact Mr. Stratton, 515 S. Kansas, Topeka, KS 66603.

The final plaintiff was a not-for-profit group called Compassion in Dying, which provides information, counseling and assistance free of charge to mentally competent terminally ill patients considering suicide and to the families of such patients. Before rendering assistance, Compassion in Dying requires their patients to submit to the following protocol: They must be considered terminally ill in the judgment of a primary care physician and be capable of understanding their own decisions. They must be evaluated by a mental health professional to assure that their decision is not motivated by depression, emotional distress, or mental illness; nor can their request be based upon inadequate comfort care or any form of health insurance or economic concern. The requests must come from the patients in writing or on videotape and must be repeated three times at no less than 48-hour intervals. Compassion in Dying will not assist patients with suicide if they express any doubt or uncertainty about their decision.

As a group, the plaintiffs insisted the Washington state law, which made it a felony for a physician to assist the terminally ill, mentally competent adult with suicide, violated their due process rights in that the right to die is a fundamental and intimately personal right which cannot be unduly burdened by the state.

Judge Rothstein, the author of the decision, recognized that physician-assisted suicide may violate the moral code of some. He said, however, that it is not the role of the federal courts to define the moral standards of a few, but to define liberty for all. The court went on to say that the legitimate state interests in protecting the physically healthy and/or mentally ill from the dangers imposed upon them by others' efforts in support or assistance of their suicide could be adequately protected without a complete ban.

The court noted that modern law creates two classes of terminally ill people: 1) those whose condition is comparable to that described in natural death acts common in most states and in the decision founded in the *Cruzan v. Director of Missouri Department of Health* case (where the court stated that a competent person had the right to refuse or withdraw life-sustaining treatment); and 2) individuals who are terminally ill, but do not require constant life-sustaining treatment. This, the court said, violated the constitutional mandate that requires all persons in similar situations to be treated alike.

(Continued on page 175.)

ARE YOU MOVING?

To ensure uninterrupted delivery of KANSAS MEDICINE, please let us know your new address at least 6 weeks before you move. Send this form to Kansas Medicine, 623 W. 10th Avenue, Topeka, KS 66612.

OLD ADDRESS:

(Please affix mailing label here.)

NEW ADDRESS, as of _____
(DATE)

Name _____
(IF IT HAS CHANGED)

Address _____

_____

City _____

State _____ ZIP + 4 _____

Telephone (_____) _____
(FOR PUBLICATION IN DIRECTORY)

RETIRING MEMBERS, please fill in the information requested below if you with to continue receiving KANSAS MEDICINE. You need not include your telephone number.

OLD ADDRESS:

(Please affix mailing label here.)

NEW ADDRESS, as of _____
(DATE)

Address _____

_____

City _____

State _____ ZIP _____

Medical Education for the Year 2000 and Beyond

DANIEL HOLLANDER, M.D.,* *Kansas City*

Medical students currently enrolled at the University of Kansas Medical Center will spend most of their professional lives working beyond the year 2000. Graduates of our school of medicine will be practicing in a world very different from the one for which we were trained.

From the technological point of view, the practice of medicine today has exceeded all our expectations. Advances in computers, electronics, imaging sciences and molecular medicine have completely reshaped the way we diagnose and treat diseases. Our use of the history and physical examination has shifted to rely more on complex devices to detect diseases at earlier stages than in the past. These innovations have allowed us to make incredible strides in our abilities to diagnose and treat diseases. But they have come with extremely high human and economic costs. Also, highly technical approaches to medical care have increased the distance between physician and patient. As a result, the image of physician as healer has vanished for most patients.

The medical profession and the public it serves demand changes in medical education and practice. One major change now emerging is the reintroduction of the "traditional" primary care provider. The term primary care refers to physician-patient interactions based on a broader approach than that employed by the specialty-trained physician, and it emphasizes a more comprehensive and personal relationship. The primary care physician acts as gatekeeper, so only some patients are referred to a specialist for diagnostic procedures or interventions. Yet primary care physicians maintain control of the patient's diagnosis and therapy. In this focus, the underlying hope is that the primary care approach to medicine will become more personal, humane, comprehensive and cost-efficient.

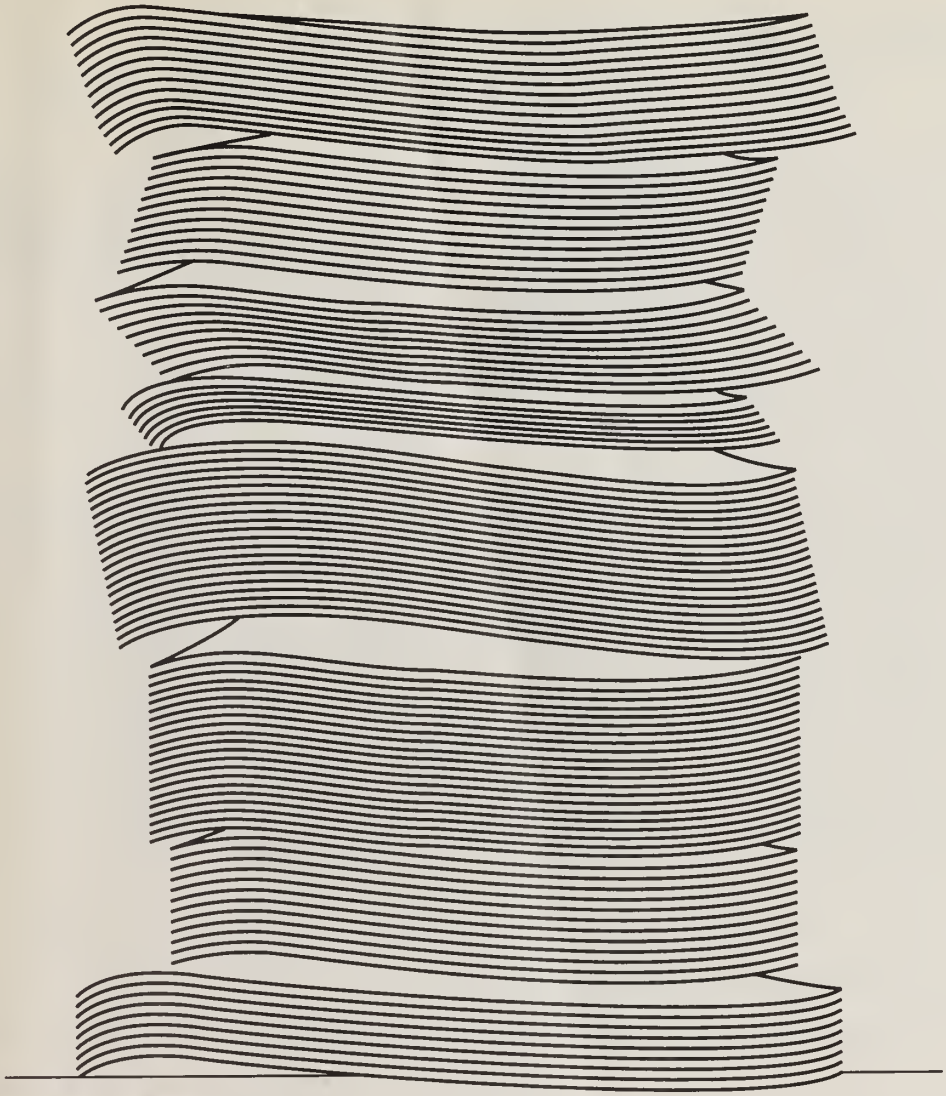
The University of Kansas School of Medicine has trained more than half of our state's physicians in family practice, primary care and a full spectrum of specialties. To maintain its position as a national educational leader, the school must lead the way to change the educational process and its mix of physicians and graduates.

A recent $200,000 planning grant from the Kansas Health Foundation for a $15 million, 5-year grant will help the university in this endeavor. The school of medicine will undergo comprehensive assessments of its educational mission and methods to reorient itself toward a greater emphasis on primary care. This grant will propose methods to examine student admissions, their four-year curriculum, training and subsequent graduation in the school's various programs. The grant will support efforts to identify medical school candidates likely to pursue careers in primary care. It will enable the school of medicine to revise the curriculum. In a new model, clinical medicine will be introduced earlier and with greater emphasis stressing primary care throughout the four years of study.

The Kansas Health Foundation's grant will enable the faculty to expand undergraduate and graduate programs in the school. Also, the grant will allow the school to explore ways to attract primary care physicians to both urban and rural areas in Kansas. Finally, the grant will investigate techniques to keep graduates up-to-date through innovations in their continuing education.

Thus, the partnership between the University of Kansas School of Medicine and the Kansas Health Foundation will accomplish a great deal in unifying the medical school and its campuses in Kansas City and Wichita. The excellent tertiary care programs will continue, while increased emphasis on primary care will shift the direction of medical school training to accommodate the needs of the 21st century. The result will be better health care for the citizens of Kansas.

*Executive Dean, University of Kansas School of Medicine, Kansas City.



We'll save you loads.

You can avoid the expense and hassle of insurance paperwork by filing claims electronically with Blue Cross Blue Shield of Kansas.* Our system speeds up the process on your end, freeing you to handle other responsibilities. Also, filing electronically minimizes the chance of errors. Additional capabilities we'll be introducing down the line promise to make your job even easier in the near future.

To find out more about electronic filing, call your Blue Cross Blue Shield representative— and take a load off your mind.

*An Independent Licensee of the Blue Cross and Blue Shield Association.

PA94

Laughter: The Cheap Medicine



With health care reform looming in our future, many of us have become frustrated by the changes we see facing us. We need to remember to set aside some time for laughter. Laughter is cheap medicine. It takes your mind off your problems, changes your attitude and outlook on life, and causes a reduction of tension. In short, laughter relaxes us and gives us a sense of well-being.

Dr. Norman Cousins, in his best-selling book *Anatomy of an Illness as Perceived by the Patient*, takes an interesting look at the use of humor to overcome a painful and debilitating illness. Cousins found that ten minutes of good belly laughter gave him two hours of pain-free sleep. Previously, even heavy medications were unable to relieve the pain from severe inflammation of his spine and joints enough for him to sleep.

Cousins stumbled upon this treatment by chance. His doctors had tried every medical application they knew of to no avail. Working with his physician, Cousins began a consistent treatment of vitamin C, along with prescribed humor therapy. He would watch his favorite humorous movies and read funny books. Ten minutes of this unique prescription allowed him two hours of pain-free living. Cousins eventually recovered and in response to his experience, numerous studies have confirmed the value of laughter in healing.

So how do we apply this prescription to ourselves?

- Be willing to laugh at yourself. Get out your high school yearbook, and you might be able to have a laugh. Or serenade yourself in the shower with an old ditty from high school.
- Think funny. Even our stressful times can produce laughter. It is important to remember that what we think about during those events will determine our reaction. Take the guy who entered the doctor's examining room and explained, "Sorry I didn't come sooner, Doc, but I got held up in your waiting room." Think funny!
- Renew the child in you. Researchers say preschoolers laugh up to 450 times a day. Adults laugh an average of 15 times a day. Who do you think is healthier? Children have an uncanny ability to make anything funny. As you go through this day, ask yourself, "How would a nine-year-old respond?" Even if you don't laugh, the exercise will brighten what you see.

At Northwestern University, a study conducted under strict scientific test conditions demonstrated that the act of laughing massages the heart, stimulates blood circulation, and helps the lungs breathe easier. Another test at Fordham University reinforced the conclusion that laughter benefits the heart, lungs, stomach and other organs. It relaxes our tensions and promotes a feeling of well-being.

Health care reform is a serious issue, and it is on all of our minds, but we must balance it out. Take the time each day to laugh. After you've read the latest article on medicine and the ways Congress will change it, turn to the funnies! Next time you listen to C-Span's coverage of the health care debate, turn to a comedy show afterwards for a change of pace.

Keep laughing!

Nancy Craig

Hometown caring...
innovative
health care.

Humana Health Care Plans is Kansas City's most productive, progressive and largest HMO. In Kansas City, we're a leader in offering sophisticated medicine and compassionate care coast to coast.

Internists & Family Practitioners

The time has never been better to practice hometown health care with the advantage of far-reaching resources. Don't forsake quality patient care for the worry and administrative requirements of a fee-for-service practice. At Humana Health Care Plans, you will meet a community need, work with receptive colleagues and have the security and time to enjoy life. If you have a drive toward excellence, Humana Health Care Plans is the place to call home.

More than ever, we offer opportunity, competitive compensation and benefits, including paid retirement, health, life and disability insurance, a liberal vacation/holiday policy and continuing medical education allowance. For an environment worthy of your talents, submit your CV today: **Martha Goodall, Humana Health Care Plans, 10450 Holmes, 2nd Floor, Kansas City, MO 64131.** An Equal Opportunity Employer M/F.

Humana Health Care Plans

...a promise to defend...

HERE ARE THE FACTS: Over 25% of America's Physicians were embroiled in a malpractice issue in the last 12 months. More than 80% of those malpractice allegations will be closed without an award for damages. Your professional reputation and your personal assets are on the line when your professional liability carrier is not both financially sound *and* experienced in the law and the judicial system.

WHEN THE ISSUES ARE LEGAL, NOT MEDICAL-- when the allegations are frivolous, or highly emotional-- you need a company and legal representation that understands the problem and has the experience to resolve the issue. The Medical Protective Company has specialized in defending doctors since 1899. Our legal and claims management experience is unmatched by any other insurer in the U.S.

FOR MORE INFORMATION on how we can protect your professional reputation and your personal assets, call your local Medical Protective General Agent at 1-800-344-1899.

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA
Professional Protection Exclusively since 1899

A+ (Superior) A.M.Best **AA (Excellent) Standard and Poor's**

Council District Reports

The following reports were included in the delegates' notebooks at the KMS Annual Meeting in Manhattan.

COUNCIL DISTRICT 1

The members of Council District I met on October 14, 1993, at the Leavenworth Country Club. Unfortunately, many members, including myself, were unable to attend. Alternate Councilor Vernon Mills, M.D., attended and reported a good attendance by the Leavenworth Medical Society and an excellent exchange of information with KMS President Dr. Art Snow.

I have been able to attend all Council meetings in the past two years and to transmit important news items to component societies in Leavenworth and northeast Kansas, including my own Atchison County Medical Society. Also, being a member of the Future Task Force has allowed me to share information regarding pending formation of the KMS-sponsored IPA, on which delegates will vote at the Annual Meeting. As this proposed association becomes more of a reality, I would anticipate setting up an informational meeting for the members of all three medical societies in our district.

John R. Eplee, M.D., *Councilor*

COUNCIL DISTRICT 2

The Wyandotte County Medical Society held a joint meeting with Johnson County Medical Society, at which KMS President Arthur Snow, M.D., and KMSA President Cathy Wilcox spoke. It was a very informative event, and during the business meeting a joint motion was adopted to officially protest the institution of a $150 annual "credentialing fee" by K.C. Blue Cross-Blue Shield. This was done, but a very unsatisfactory answer was received from Blue Cross, to the effect that "everybody is doing it," and they would not reconsider.

In January, at our annual President's Party, we celebrated completing 100 years as an organization, having been chartered in 1893. In April we recognized the 60th anniversary of our auxiliary.

Once again, we have embarked on a membership drive, since there are quite a few physicians in our county who do not belong to the society. Our board of directors has been busy keeping track of the developments in health care reform, the proposed KMS physicians' network and the Medicaid proposal for pilot programs utilizing capitation.

Barbara P. Lukert, M.D., *Councilor*

COUNCIL DISTRICT 3

During the past year, the Johnson County Medical Society has been an active participant in health care reform issues. On January 22, we held a legislative breakfast meeting, attended by 10 legislators and 29 physicians. With Johnson County Medical Society President Richard Huseman, M.D., leading the discussion, the legislators spoke frankly about their views on the state of Kansas' role in the delivery of health care. Also in January, Elizabeth Gallup, M.D., J.D., spoke to our members on the topic "Managed Competition: The Move to Integrated Care."

Our tenth annual legislative dinner, held September 21, 1993, was attended by 145 people, including Johnson county legislators and judges. The speaker was Olympic gold medalist and KU alumnus Billy Mills. KMS President Arthur Snow, M.D., and KMSA President Cathy Wilcox addressed our conjoint group (Johnson and Wyandotte societies) in November.

Scott Frankel, M.D., chaired the fourth and fifth physician preceptor programs. Thirty-four participants from the business and civic communities were involved in the two-day programs. These individuals spent half a day with a physician from each of the four areas of primary care, emergency medicine, surgery and other specialty groups. Other community involvements included Doctors on Call, sponsored by the Metropolitan Medical Society and KCTV-5; and awards sponsored by the Jackson County Osteopathic, Metropolitan Medical and Johnson County Medical Societies for the Greater Kansas City Science Fair.

Prizes and certificates were presented to the first-, second- and third-place entries in the fair.

The fourth Tuesday of each month, a luncheon for our office personnel is held at an area restaurant. Roundtable group discussions are held regarding pertinent topics such as policy manuals and job descriptions.

Douglas M. Whitley, M.D., *Councilor*

COUNCIL DISTRICT 6

The past year has been one of the busiest ever for Shawnee County Medical Society. We have continued to build upon our increased involvement in health-related community service and public health education programs, while at the same time attempting to address the needs of our growing membership in an uncertain environment. Last June, Jennifer Kennedy, M.D., was elected president. Dr. Kennedy is a psychiatrist at Menninger and director of their Eating Disorders Unit. She is the third woman president in our 93-year history. Our annual meeting was again held at Historic Ward-Meade Park. Plans continue in conjunction with Ward-Meade on a turn-of-the-century drug store and doctor's office museum project. The groundbreaking was in October, and construction of the building will begin this summer, with expected completion in the fall.

Three years ago, SCMS embarked on a concerted effort to establish an identity for itself as a community leader in issues concerning public health, and to be more involved in public health education and service. We have had a busy and successful year, with numerous activities.

In August, the Race Against Breast Cancer, a program to sponsor no- or low-cost mammography screening for women, celebrated its first birthday. During this inaugural year the program provided free mammograms for over 200 women and free follow-up care for 5 additional women, two of whom needed surgery. This program was developed by a coalition of the two local hospitals, Radiology and Nuclear Medicine, Shawnee County Health Agency, Marian Clinic, SCMS Alliance and the Junior League of Topeka. All providers agree to donate their services, and extra funding is generated by a 5K walk/run. This race, our second, was held in October and raised $15,000. The mammography program is being used as a model for similar programs in communities throughout the country.

During the past year, we have focused on providing patient education on several issues. In August we hosted, in conjunction with the Alzheimer's Association, a day-long workshop for the families and caregivers of Alzheimer's patients. This was highly successful, with over 250 persons in attendance. In November we joined with the Diabetes Association to host a diabetes patient care conference, with 200 in attendance. We plan to repeat the event this year.

The SCMS has also helped to organize several health screening projects. In June we held a sickle-cell anemia screening at Highland Park High School, and in February, in conjunction with the Topeka Housing Authority and other community agencies, we held the first in a series of health screening fairs at THA sites. Over 200 people participated in this event, and we plan to hold these on a quarterly basis.

Our social issue this year was child abuse and family violence. As well as being involved at a community level, SCMS, Stormont Vail Regional Medical Center and St. Francis Hospital hosted a weekend entitled BREAK the Silence. This was for the purpose of educating our community on the issue of child sexual abuse. The centerpiece of the weekend was TEARS of the Children, an international collection of child sexual abuse survivor art. Over 1,000 people attended this three-day event.

Our legislative committee continued to address issues important to SCMS. In August, we hosted the Shawnee County legislative delegation and state, county and local officials at a reception at the Governor's mansion. The committee polled our members in the fall to learn which issues are of importance to the membership, and how they should be addressed. After identifying the top ten issues, the committee held semi-monthly, hour-long morning sessions, in which members had an opportunity to attend and share their viewpoints on a single issue.

In addition to public activities, we have continued to revitalize our internal structure. Our women's, seniors' and residents' sections all have had special activities throughout the year. The women's section hosted a reception for all women physicians in Shawnee County in September and conducted a membership drive for women physicians. They also hosted, with Menninger, an evening presentation on "Confronting the Effects of Violence in the Healthcare Setting."

Our seniors' section has been addressing the needs of our retired and senior physicians. In their

first year, they looked at providing social activities for the group. This year they have begun the creation of a support network. In November, we started a senior doctors' lounge. Every Friday, from 10 a.m. to noon, senior physicians can drop by the board room in our office for coffee and donuts, conversation and support. This has proven very successful.

The board, in its desire to be responsive to the changing needs of the membership, has created a special task force to examine the changing needs of our members and the direction the medical society should take in the future to meet those needs. We will make a report to the membership sometime this summer.

Our membership is still growing, with 407 at this time. We mourn the loss of Drs. Hall E. Harrison, William Zimmerman, Hubert Harris and Warren R. Roberts.

In the upcoming year, we will focus more on how we can better meet the needs of our membership in an uncertain environment. We are excited about the work we do and look forward to a challenging year.

Robert D. Durst, M.D., *Councilor*

COUNCIL DISTRICT 7

District 7 has continued its monthly meetings (except during the summer). Each consists of fellowship, business, a good meal and a good educational program. Our speakers come from outside our local area and present a variety of medical topics on the many specialties represented in our district.

This year, we were pleased to welcome the participation of Burlington's two new physicians.

Our minor concern is the future of medicine.

D. A. Ginavan, M.D., *Councilor*

COUNCIL DISTRICT 8

Our year was highlighted by the visit in September 1993 of KMS President Arthur Snow, M.D., and KMSA President Cathy Wilcox. Dr. Snow explained his objectives for his year as president and discussed several legislative matters. Mrs. Wilcox outlined her program for the coming year and the appropriateness of developing new programs.

There has been little dialogue with the Butler-Greenwood Medical Society, but they were invited to the Annual Meeting of District 8.

The Cowley County Medical Society holds monthly meetings and has a scientific program sponsored by the Wichita branch of the KU medical school. Also, some programs have been sponsored by pharmaceutical companies.

The rescinding of unified membership has been of some help in membership recruitment, but we still have not attained the level achieved before the unified membership resolution passed. Our goal, not yet achieved, is to enroll every Cowley County physician in KMS. We still have several members who are also AMA members. There is continued attrition among physicians in the district, and Arkansas City has been working diligently to recruit. We do have some consultants from Wichita and Ponca City, which helps a great deal. And we welcome one new arrival, Dr. Kamran Shazada, an internist.

Newton C. Smith, M.D., *Councilor*

COUNCIL DISTRICT 9

The Salina Cares Health Clinic continues to expand its services and increase the number of patients served each year. Started in April 1991, the clinic, spearheaded by Dr. Mark Bell, has grown by leaps and bounds. The clinic's mission is to provide medical services to Saline County residents who have no medical insurance or government access to health care, and whose income falls within 150% of federal poverty levels. During the past year, the number of patients seen grew to 510 (compared with 230 seen in 1992). One hundred and twenty patients were referred to 35 local physicians for care or surgery. Both hospitals provided more than $128,000 in services and goods for these patients, and over $28,000 in prescription medicines were donated for these individuals.

The Smoky Hill residency program is alive and well in Saline County. The program is now a three-year residency program and is authorized for up to four new residents per year. At this time, there are ten residents in the program, and all the places have been filled for next year. To date, 92% of all residents graduated from the Family Practice program have stayed in Kansas to practice medicine.

Alan L. Kruckemyer, M.D., *Councilor*

COUNCIL DISTRICT 11

The Medical Society of Sedgwick County's entities have outgrown its existing facilities. The society's large auditorium has been converted to office space to house the Medical Society Medical Review Foundation, WPPA, WPPA-EAP and the Medical Service Bureau. The MSSC and the Kansas Physician Information Verification Program's offices will remain in their current facilities.

WPPA-Employee Assistance Program (EAP). Through contact with Beech Aircraft Corporation, as of January 1, 1994 the WPPA-EAP provides an Employee Assistance Program. In addition, it has been expanded to include utilization review for outpatient care for mental health and substance abuse cases. The new structure requires precertification for all levels of these types of care. Precertification for inpatient and partial hospitalization will still be provided through the Medical Society Medical Review Foundation; however, all outpatient treatment requires certification by the EAP. Kirk Huhman, social worker, and Kristine Tossie, R.N., staff this program.

Physician Information Verification Program. This program, established in August of 1992 through cooperative efforts of area hospitals and the society, continues to grow. It centralizes the verification process for physician applicants for appointment and reappointment to the medical staffs of participating health care entities, of which there are six: HCA Wesley, Riverside, St. Francis, St. Joseph, HCA Wesley Rehabilitation and the Galichia Medical Group.

As of February 1994, 187 applications have been or are being processed, and so far 829 reappointment applications have been handled. Reappointment, using birth month/year for uniformity, began in February. The program is administered by the society's board of directors, based on recommendations of an advisory council composed of representatives from each of the participating entities. Sharon Hartley, CMSC, serves



CREATE A MEDICAL BREAKTHROUGH.

Become an Air Force physician and find the career breakthrough you've been looking for.

- No office overhead
- Dedicated, professional staff
- Quality lifestyle and benefits
- 30 days vacation with pay per year

Today's Air Force provides medical breakthroughs. Find out how to qualify as a physician or physician specialist. Call

USAF HEALTH PROFESSIONS
TOLL FREE
1-800-423-USAF

AIR FORCE

as program director. Plans are to make this program available to hospitals and other organizations throughout the state later this year.

Health Reference Library. In a joint effort of the Wichita Public Library Foundation and the MSSC Foundation for Medical Care, Inc., a health reference library at the Wichita Public Library was made possible in 1993 with a $7,500 grant from the MSSC Foundation for Medical Care, Inc. The money bought a user-friendly computer, a desk and printer to provide free copies of information, in addition to a one-year subscription to a service that provides updated information each month. Information available includes over 160 journals on health, fitness, nutrition and medicine, including the full test of over 90 of these periodicals, abstracts of professional medical journals (written in layman's terms), and the full text of five leading medical reference books, including *Mosby's Medical Dictionary* and *Columbia University's Complete Home Medical Guide.* During 1993, 13,080 library patrons utilized the Health Reference Center, which averages 36 people per day. The patrons' comment cards have been highly complimentary and show they are learning about family diseases and conditions, and doing research on papers for school.

Emergency Student Loan Fund. Through the cooperative efforts of the society, its auxiliary and UKSM-W, this fund was established in 1992 to assist medical students, and since that year it has helped 68 individuals. Administration of the program is through the society, based on eligibility and repayment guidelines established cooperatively. The maximum loan amount is $500, to be repaid within 90 days, with no interest.

Pharmacy Hotline. In cooperation with the Wichita Academy of Pharmacists and the society, this informational exchange program was reorganized. Its purpose is to provide physicians and pharmacists with a communication network to aid in recognizing forgeries or attempts to obtain prescription drugs fraudulently.

Heart Emergencies Program. In cooperation with the Sedgwick County Division of the American Heart Association, the Sedgwick County Health Department, Emergency Medical Services, the City and County Fire Departments and the MSSC, the public has been made aware of the common signs of heart attacks, with warning signs carried on grocery sacks at Dillons supermarkets each January. Future plans include informational stuffers mailed with utility bills and public service announcements through the news media.

Anti-Smoking Campaign. The board of directors supports the concept of a smoke-free environment by the year 2000 and the passage of a local ordinance banning the sale of tobacco and tobacco-related products.

New Sedgwick County Coroner and Medical Examiner. Corrie May, M.D., board-certified forensic pathologist, began her duties in May 1993 in this position. The purposes and expectations of that office are being met.

Proposed Medicaid Managed Care Program. The Kansas Department of Social and Rehabilitation Services, Wichita hospital representatives and several MSSC physicians are meeting to discuss the development and initiation of a pilot Medicaid managed care program for the 56,000 Sedgwick County residents covered under Medicaid.

Advance Directives Project. The society continues to provide financial support to this project, which makes living wills and powers of attorney for health care decisions available to the public.

Area Skin Cancer Screening Clinic. Nine Wichita dermatologists held their fifth annual free skin cancer screening and detection clinic in May 1993. The clinic is sponsored by the American Academy of Dermatology, American Cancer Society and the MSSC. Of the 553 patients screened, 43% were found to have suspected carcinomas or precancerous skin lesions. Eighty-seven suspected cancers were found, 77 of which were suspected non-melanoma skin cancers, including 58 basal-cell carcinomas, 15 squamous-cell carcinomas and two suspected cutaneous lymphomas. All patients were referred back to their primary physicians for follow-up and treatment.

Medical Careers Loan Fund. Since 1960, this fund has provided $406,192.75 in loans to 84 medical students.

The Wichita Coalition against Gun Violence. The board supported an ordinance sponsored by this group which would institute a five-day waiting period on handgun purchases without a background check.

WPPA-HMO. In view of the anticipated changes health care reform will bring about, as well as the current market influences, the WPPA Board of Directors approved organizing a health maintenance organization program.

Other society activities, too numerous to describe in detail, include a very active legislative

committee, EMS physicians advisory committee, patient referral service, medical review foundation, WPPA and community-wide physician paging system. As of the end of 1993, the society's total membership was 937, of whom 757 are actively practicing. The society and its entities' staff has increased to 28.

James A. Loeffler, M.D., *Councilor*

COUNCIL DISTRICT 13

Dr. Arthur Snow addressed the Central Kansas Medical Society membership at our fall meeting in December. The current concerns of the state's "403" Commission, as well as the national (Clinton and others) health care plans and planners were discussed.

The Society sadly reports the death of Dr. James P. Haigler, a general practitioner, on December 15, 1993. Jim had been retired for several years prior to his death, having spent most, if not all, of his professional life in service to the Hays community. He will be missed.

The medical community of the S area is suddenly growing. We have seen several more new physicians enter the community than leave. Several openings and practice opportunities are now being filled. Since Hays Medical Center hired a full-time physician recruiter and an assistant, there have been redoubled efforts to hire primary care physicians. With the cooperation of physicians in the community, new physicians were recruited in oncology, family practice and pediatrics.

CKMS continues its long-term commitment to support Fort Hays State University by funding support for pre-med student scholarships.

Ward M. Newcomb, M.D., *Councilor*

COUNCIL DISTRICT 16

Northwest Kansas Medical Society, District 16, remains unstable. Promises of new physicians come to fruition about once in 10 cases, while rumors of loss invariably prove true. One community lost all its physicians nearly overnight. Those who leave choose retirement (two-thirds opt for retirement earlier than planned), or the greener pastures of teaching programs or emergency medicine (quote: "twice the pay, half the hours, no government hassle").

Our hospitals continue to stagger beneath increasing mandates and decreasing rewards. When Washington sets aside the stick briefly to examine the shrinking carrot, they advise "increased cooperation," which cannot exist in the siege mentality they have forced upon us. One does not, when starving, ponder a more equitable distribution of rations. It appears, however, that by jointly purchasing IV supplies, an institution can free up sufficient funds to advertise incentives for area patients to avoid other providers in the "cooperative."

The good news is that our rural citizens, as always, are never refused care. The bad news is that HCFA, as always, accepts such as proof that we remain delighted with all aspects of the current Medicare program. A physician with more wisdom than I have could perhaps explain to them the concept of voting with your feet before all our rural Main Streets return to buffalo grass.

John Rand Neuenschwander, M.D., *Councilor*

COUNCIL DISTRICT 17

The Southwest Kansas Medical Society had an interesting meeting on September 16, 1993, with Dr. Thomas Mathews presiding. There was a discussion on various public service projects extension of general information to the public, and on PAs' attendance. The latter subject was referred to the Councilor for follow-up information. We also made initial plans for a membership directory similar to that of Sedgwick County Medical Society. The speaker was Christian Hageseth, M.D., a psychiatrist, who spoke on "The Art of Psychology with Positive Humor in the Face of Adversity."

At the meeting on November 2, 1993, Dr. and Mrs. Art Snow, Cathy Wilcox, and Chip Wheelen visited and brought news of KMS. Dr. Mathews reminded the audience to make their opinions known to the legislators regarding the future of health care. Mrs. Wilcox, President of the KMS Alliance, gave a brief talk stating the goals of the alliance for the current year and emphasizing the role of the AMA-ERF in defraying the cost of medical education. Dr. Snow spoke about the health care system, our medical society's involvement and participation in the legislative process, particularly at the state level, for the upcoming legislative session.

At our March 8, 1994 meeting, at the South-

Information for Authors

Manuscripts must be typewritten, double-spaced, leaving wide margins. The original plus one copy should be submitted. Manuscripts are received with the explicit understanding that they are not simultaneously under consideration by any other publication. Publication elsewhere may be subsequently authorized at the discretion of the editor.

Brief, concise **articles** are preferred; an ideal manuscript will not exceed five double-spaced pages. All material will be edited by the editorial staff to assure clarity, good grammar and appropriate language, and to conform to KANSAS MEDICINE style and format. When feasible, material may be condensed.

The author will be asked to review the **galley proof** prior to publication. Although editing and proofreading will be done with care, the author is responsible for accuracy of material published. The galley proof is for correction of ERRORS; rewriting of material *must* be done prior to submission. Authors are urged to check manuscripts and galley proof carefully for errors that could result in inaccurate information.

Drugs should be referred to by generic names; trade names may follow in parentheses if useful. All **units of measure** must be given in the metric system.

KANSAS MEDICINE will print a maximum of **ten references.** All references should be keyed with superscripts in the text in the order cited. If more than ten sources are cited, readers will be referred to the author for the complete list.

Illustrative material must be identified by its referral number in the text and be accompanied by a short legend. **Photos** should be black-and-white glossy prints. **Tables** should be self-explanatory and should supplement, not duplicate, the text.

KANSAS MEDICINE will assume the cost of black-and-white figures and tables for two units. A unit is defined as ¼ page. The author(s) will be billed for additional units at cost.

A **reprint** order form with a table showing estimated cost will be sent with the galley proof. Reprints must be ordered by the author through KANSAS MEDICINE, and will be billed to the author following shipment.

wind Country Club in Garden City, there was a discussion with speakers on financial planning in the 1990s.

Our last meeting was held on April 19, with Senator Steve Morris speaking on "The Kansas Legislature, with Emphasis on Health Care Reform."

Bruce Melin, M.D., *Councilor*

COUNCIL DISTRICT 18

The Douglas County Medical Society met on February 15. The guest speaker was Jerry Slaughter, Executive Director of KMS, who spoke about health care reform and physician networks.

The Ransom Memorial Hospital medical staff in Franklin County has been working with their board of trustees to develop potential alliances and to study the impact of health care reform on rural areas.

Robert A. Gollier, II, M.D., *Councilor*

COUNCIL DISTRICT 19

At its September 1993 meeting, the Southeast Kansas Medical Society entertained KMS President Arthur Snow, M.D., and discussed plans for the future.

In February, the Southeast Kansas Medical Society gave $1,000 to organizations directed to helping youth, as follows: $500 was given to the Teen Oasis in Coffeyville, and $500 to a similar organization in Independence. This was taken out of our society's operating funds because of the need for youth support in this area, which has the highest rate of school dropouts and teenage pregnancy of any area in the state.

The society has had monthly scientific meetings provided by the KU Medical Center and is planning to have a membership drive this year. We plan to have four delegates present at the Kansas Medical Society annual meeting in Manhattan.

James W. Wilson, M.D., *Councilor*

SCIENTIFIC ARTICLE

Impact of a Major Tornado on the Radiology Department of a Large Teaching Hospital

DAVID BRAKE, M.D.,* CRAIG A. NASRALLA, M.D.,† JOSEPH E. R. HAGMAN, M.D.,† AND JENNIFER K. SAMARAH, M.A.,‡ *Wichita*

On Friday, April 26, 1991, several tornados swept across south-central Kansas, causing damage estimated at $222 million. Approximately 200 persons were injured, and 17 persons were killed. A single tornado, on the ground for approximately one hour, did the majority of damage, leaving a 75-mile trail of destruction. The National Weather Service rates tornados according to their force, the highest rating being F5; only 0.1% of tornados fall into this category. Two percent are rated F4, the rating given to this tornado. Its diameter was one-quarter mile, twice the average. It struck the city of Wichita and its southern and eastern suburbs, doing extensive damage to McConnell Air Force Base and leveling much of Andover, an east-side suburb. This report details and critiques department performance during the disaster, and describes alterations made to the Emergency Preparedness Plan (EPP), which better prepared the radiology staff for a single day of multiple tornados the following year.

The first victims of the 1991 tornado arrived at HCA Wesley Medical Center, then a provisional level-1 trauma enter, by private vehicle, at approximately 19:00; it was reported by them and, later, by emergency crew members that emergency vehicles were impeded by debris and sightseers in the most severely damaged areas, especially the Golden Spur Mobile Home Park in Andover, where 13 persons were killed. This appeared to delay the main influx of patients to approximately 2030. In response to stories told by the victims initially seen in the emergency room, who reported massive damage in a comparatively small area, HCA Wesley administration declared a "Code 7" at 19:47, officially putting into effect its center-wide EPP.

*Radiology Department, UKSM-Wichita
†Radiology Department, HCA Wesley Medical Center
‡ Radiology Residency Program, UKSM-Wichita and HCA Wesley Medical Center

Response Under the Original Plan

The radiology department had the usual complement of staff at 18:29, the time of initial touchdown south of Wichita (see Table 1). Off-duty radiology staff began arriving as soon as initial reports came in from southern suburbs. In anticipation of a large number of casualties based on media reports, formal radiology staff callback was initiated prior to the center-wide Code 7, although staff members not contacted continued to come in throughout the evening, as media reports became more frequent and graphic. At least one staff member returned to work after hearing on television that HCA Wesley had requested that all employees report to work. All personnel reporting were assigned where needed, regardless of normal assignment, per qualifications.

Most examinations were performed in diagnostic radiology, where the department's disaster command post was located, with two radiologists and two residents interpreting films in the diagnostic section and providing handwritten STAT reports. One radiologist and one resident worked out of the emergency room, with three portable radiography teams (two technologists per team), 12 additional diagnostic technologists, and clerical support. One radiologist was stationed in the CT scanning area; both ER and CT radiologists provided hand-written STAT reports.

As patient flow decreased, management gradually allowed staff members to leave, although a higher-than-normal complement of staff was maintained in anticipation of additional orders for those patients admitted and of stragglers seeking care. Staff levels remained above average throughout April 27, by which time the bulk of disaster-related exams had been completed (Table 2).

Plan Revision in Response to Performance

After routines returned to normal, HCA Wesley radiology management reviewed department per-

TABLE 1.
STAFFING LEVELS THROUGHOUT THE DISASTER (NORMAL LEVELS APPEAR IN PARENTHESES)

Personnel	*4/26 18:30*	*4/26 20:00*	*4/27 01:00*	*4/27 06:00*	*4/2 12:00*	*4/27 18:00*
Radiologist	1(1)	4(0)	3(0)	0(0)	3(1)	0(0)
Resident	1(1)	3(1)	1(0)	1(1)	3(1)	0(0)
Diagnostic Tech	5(5)	12(4)	5(2)	12(8)	12(8)	5(4)
CT/MRI Tech	5(5)	11(4)	2(1)	5(5)	2(2)	1(1)
Ultrasound Tech	1(1)	1(1)	0(0)	0(0)	1(1)	0(0)
RN	1(1)	1(0)	0(0)	0(0)	0(0)	0(0)
Escort	1(1)	4(2)	1(0)	5(5)	5(5)	2(2)
Office	2(2)	3(2)	1(0)	1(0)	3(2)	3(2)
Transcription	1(1)	2(1)	1(0)	1(0)	2(1)	2(1)
Administration	0(0)	1(0)	1(0)	0(0)	0(0)	0(0)

formance and, while they were pleased overall with staff and procedural performances, initiated changes to the EPP designed to expedite patient processing and improve accuracy of records.

First, to prevent multiple files from being started, as when a patient was "John Doe" at admission, but whose name was later ascertained, each patient will be logged in by the first radiology staff member to interact with the patient, and will be assigned a number at that time. That staff member immediately places an identifying band with the number on the patient, preferably on the wrist. A folder is begun, using the number on the wrist band. The numbers have been preselected and assigned to both ER and the radiology department. If patients have prior records, the records will be collated after the disaster.

The second change is the development of disaster packages containing the preselected numbers, manual requisitions, preliminary report forms and film folders. The packages are permanently located in ER and in various exam areas in radiology. Area-specific procedures, assignment of duties, and determination of priorities are included.

The third change is a new staffing plan, more detailed than the previous EPP (Table 3). This plan defines disaster levels and staffing needs for each. A Level I disaster consists of between four and eight injured persons, Level II between nine and 15, Level III between 16 and 20, and Level IV consists of 21 or more injured persons. So many staff members arrived after the April 26 tornado that there were many for whom there was no work. To prevent a recurrence, staff are requested to wait for call-back by management.

Performance Under the Revised Plan

On June 19, 1992, a series of four F3 tornados struck in and around Wichita, the first at 04:30, the last at approximately 12:30. HCA Wesley immediately declared a Level III trauma alert. While not of the magnitude of the 1991 tornado, the smaller tornados injured dozens of persons and did over $100 million of damage to a stretch of Wichita's business district along Kellogg Highway.

The revised EPP call-back schedule in radiology proved effective. Fewer staff were in the department, but there was a sufficient number to perform the exams ordered. Use of the disaster

TABLE 2.
EXAMINATIONS PERFORMED IN PATIENTS INJURED IN THE 4/26/91 TORNADO, FROM 4/26 THROUGH 7/31/91

	4/26	*4/27*	*4/28*	*Follow*	*Total*
Chest	24	19	7	100	150
Misc. Bone	113	35	6	33	187
CT	7	12	0	4	23
MRI	0	1	0	0	1
Sonography	5	0	0	0	5
Angiography	1	2	2	0	5
Tube Placement	5	7	2	7	21
Total	155	76	17	144	392

TABLE 3.
REVISED EPP CALL-BACK STAFF REQUIREMENTS

Staff	*Level I*	*Level II*	*Level III*	*Level IV*
Medical Staff				
Radiologists	1	4	6	8
Residents	1	2	4	6
Diagnostic				
Technologists	11	15	19	25
RNs	1	2	2	2
Escorts	2	4	5	7
Vascular				
Technologists	4	7	7	9
RNs	1	1	1	2
CT/MRI				
Technologists	4	7	7	9
RNs	1	1	1	2
Escorts	0	1	1	2
Ultrasound				
Technologists	1	2	2	3
Clerical				
Clerks	5	8	10	All
Transcription	1	1	2	All
Radiation Therapy		Only as needed		

packages eliminated duplicate files, and the additional orders fit smoothly into the regular schedule. Radiology department management believes the revised EPP resulted in a more organized and cost-effective response to a common Kansas emergency.

CLASSIFIED ADVERTISEMENTS

EXPAND YOUR HORIZONS! Whether you are looking for a change of pace, a fresh start, or just a change of scenery, we are your source for up-to-date information on practice opportunities from the lakes of Minnesota to the mountains of upstate New York. We currently represent hospitals and clinics throughout the midwest and northeast in a variety of primary care and surgical specialties, and subspecialties. Locations and settings vary from prominent, multisite clinics, to traditional resort-town practices. For specific answers and pertinent information, please call 1-800-243-4353, or send your CV to: Strelcheck & Associates, Inc., 10624 N. Port Washington Rd., Mequon, WI 53092.

TIRED of on-call responsibilities and days that blend together with no family time in between? Are you frustrated that you have become more of a businessman than a clinician? Emergency Medicine allows you a set schedule, guaranteed income and the elimination of administrative costs & headaches, while you practice the art of medicine. Opportunities exist in several locations throughout Central & Western Kansas that will allow you to pursue your career as you had intended. Professional liability insurance can be procured on your behalf. Join the expanding field of emergency medicine and leave the business world behind. Call Brian Nunning at 1-800-326-2782 for a confidential, non-obligatory discussion of settings and volumes, or fax your CV in confidence to 314-291-5152. Coastal Emergency Services of St. Louis, Inc.

ASSOCIATE PHYSICIAN: Women's Health Care. Compassionate physician, male or female, with surgical experience (FP, surgery, EM, OB/GYN) to participate in first- and early-second-trimester (14 weeks) abortion practice. Two to four Saturdays/month in Wichita, Kansas. Fee for service and no overhead. Send resume to George R. Tiller, M.D., Medical Director, WHCS, 5107 E. Kellogg, Wichita, KS 67218.

TIME FOR A MOVE ?
FP, IM, OB/GYN, PEDS...

"We won't sell you on a practice - if we don't have it, we'll find it."

Kansas 40+ Cities:	National 750+ Cities:
Kansas City	St. Louis
Wichita	Chicago
Topeka	Indianapolis
Overland Park	Tampa
Newton	Cincinnati
Wellington	Jacksonville

The Curare Group, Inc.
(800) 880-2028, fax (812) 331-0645
M-F 8am-7pm, Sat 12-4 CST

The Prevention of Atherosclerosis with Antioxidant Vitamins

DAVID G. MEYERS, M.D.,* *Kansas City*

The role of antioxidant vitamins in preventing atherosclerosis has been prominently debated in the lay press recently, catalyzed by two research reports which found opposing results.[1,2] Controversy notwithstanding, the majority of Americans are consuming vitamins of some type on a daily basis. Is there evidence to justify this?

Current theories of atherogenesis include a critical role for oxidation of low-density lipoprotein cholesterol (LDL-C) by free radicals.[3,4] This modification transforms cholesterol into a powerful chemo-attractant for tissue macrophages, which take up oxidized LDL-C in a non-saturable non-rate-limited manner via the scavenger receptor, converting macrophages into lipid-laden "foam cells." These constituents of the fatty streak are postulated to induce medial smooth muscle cells to migrate into the vascular subintimal space, where they transform into secretory cells. The phenotypically modified smooth muscle cells secrete fibrin, proteoglycans, and collagen which wall off the oxidized LDL, foam cells and necrotic debris, thus forming the fibrotic atherosclerotic plaque.

Humans have two systems which prevent free-radical-induced oxidation.[5] One includes the enzymes superoxide dismutase, selenium-dependent glutathione peroxidase, glutathione-s-transferase, and catalase. The other system consists of the antioxidant vitamins A (carotenoids) and E (tocopherols), which are fat-soluble, and vitamin C (ascorbic acid), which is water-soluble. These act both separately and synergistically and are highly effective unless exhausted by locally high levels of free radicals.

Vitamin A serum levels have been inversely correlated with cardiovascular mortality across eight European populations, where 33% of ischemic heart disease risk could be attributed to low levels of vitamin A.[5] Using 50 mg daily supplements (about 10 times the normal intake), a large double-blind placebo-controlled study demonstrated a 44% reduction in major coronary events among subjects receiving beta carotene.[5]

Almost 90% of serum vitamin E is carried in lipoproteins.[5] High levels occur most frequently in geographic areas with low cardiovascular mortality. In one case-control study, vitamin E was independently and inversely related to risk of angina pectoris after adjustment for other risk factors. Two large prospective cohort studies demonstrated a 35 to 40% reduction in cardiovascular risk after supplementation with 200 IU/day or more for at least two years.[1,6]

Vitamin C functions as the main water-soluble serum antioxidant. It also regenerates vitamin E radical to vitamin E.[5] As total vitamin C consumption in the United States has increased, coronary artery disease mortality has decreased. Strong negative correlations have been demonstrated between dietary vitamin C intake and coronary artery disease mortality ($r = 0.49$), cerebrovascular disease mortality ($r = 0.68$), and total mortality ($r = 0.63$).[7] While no clinical trials have been published, a 60% reduction of angiographic plaque size with vitamin C supplementation has been demonstrated.[8]

Mega-dose vitamin supplementation, as used in some studies, appears safe. Neither vitamin E nor vitamin C has any significant adverse effects at doses 50 to 100 times their usually accepted recommended daily allowances.[9] Vitamin E may increase the effect of anticoagulants. Vitamin A may cause skin and liver lesions, probably only in persons with renal insufficiency and only with retinol — not with beta carotene. Vitamin C has caused oxalate stones in persons with severe renal insufficiency.[10]

Based upon biochemical plausibility, the beneficial effects seen in many large observational studies and indisputable safety, the antioxidant vitamins are safe and probably effective prophylaxis for atherosclerosis. Yet doubts will remain

*Division of Cardiovascular Diseases, and Dept. of Preventive Medicine, KUMC-KC

Address correspondence to Dr. Meyers at 3901 Rainbow Boulevard, Kansas City, Kansas 66160-7378.

TABLE 1
SUMMARY OF ANTIOXIDANT VITAMINS

	Solubility	*Site of Action*	*Anti-atherosclerotic Dose*	*Adverse Effects*	*Source of Evidence*
Vitamin A (Carotenoids)	Fat	Lipoproteins	15-50 mg	Skin, liver	Clinical trial
Vitamin E (Tocopherol)	Fat	Lipoproteins	30-300 mg	Anticoagulant potentiation	Observational
Vitamin C (Ascorbic acid)	Water	Serum	100-1500 1U	Kidney stones	Observational

until clear proof of effectiveness is obtained from clinical trials.

REFERENCES

1. Stampfer MJ, Hennekens CH, Manson JE, Colditz GA, Rosner B, Willett WC. Vitamin E consumption and the risk of coronary disease in women. *N Engl J Med* 1993; 328:1444-49.

2. Alpha-Tocopherol, Beta Carotene Cancer Prevention Study Group. The effect of vitamin E and beta carotene on the incidence of lung cancer and other cancers in male smokers. *N Engl J Med* 1994;330:1029-35.

3. Schwartz CJ, Vatenta AJ, Sprague EA, Kelley JL, Nerem RM. The pathogenesis of atherosclerosis: An overview. *Clin Cardiol* 1991;14:1-16.

4. Steinberg D, Parthasarathy S, Casew TE, Khoo JC, Witztum JL. Beyond cholesterol: Modifications of low-density lipoprotein that increase its atherogenicity. *N Engl J Med* 1989;320:915-24.

5. Meyers DG, Maloley PA. The antioxidant vitamins: Impact on atherosclerosis. *Pharmacotherapy* 1993;13:574-82.

6. Rimm EB, Stampfer MJ, Ascherio A, Vannucci E, Colditz GA, Willett WC. Vitamin E consumption and the risk of coronary heart disease in men. *N Engl J Med* 1993; 328:1450-56.

7. Knox EG. Ischemic heart disease mortality and dietary intake of calcium. *Lancet* 1973;1465-67.

8. Willis GC, Light AW, Gold WS. Serial arteriography in atherosclerosis. *Can Med Assoc J* 1954;71:562-68.

9. Marks J. The safety of the vitamins: An overview. In: *Elevated Dosages of Vitamins*, P. Walter, H Stahelin, G. Brubacher, eds. (Toronto: Hans Huber, 1989).

10. Walter P. Supraphysiologic dosages of vitamins and their implications in man. *Experientia* 1991;47:178-81.

...dedicated to managing the costs of operating a medical practice

- allowing physicians to concentrate on the practice of medicine
- offering volume purchasing of forms, paper goods, and office equipment
- developing capacity to offer expert legal advice on contracts, reimbursement, and other legal issues
- providing physicians an advocate in areas of purchasing, compliance, and management
- providing practice monitoring, assessment, and complete office management
- acting as a proven advocate for physicians, endeavoring to create a unified voice in medicine

MSC
MEDICAL SERVICE CORPORATION

A KaMMCO Company
Sponsored by the Kansas Medical Society

Wichita Office
400 N. Woodlawn, Ste. 106
Wichita, KS 67208
316-681-3425
Fax 316-681-3554

Shawnee Mission Office
8600 Shawnee Mission Pkwy., Ste. 305
Shawnee Mission, KS 66202
913-262-8282 800-779-8201
Fax 913-262-8458

Topeka Office
623 SW 10th Ave., Ste. 200
Topeka, KS 66612
913-232-1015
Fax 913-232-4704

RADIOLOGY VIGNETTE

Abdominal Imaging in Spinal Disease

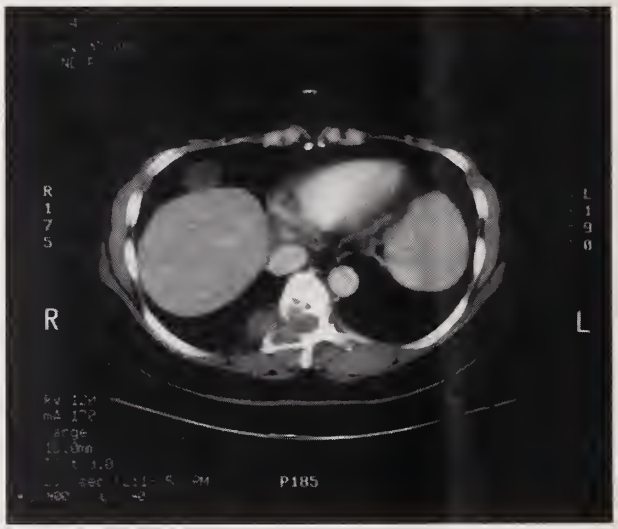
HUGH CECIL, M.D.,* AND RICHARD AHLSTRAND, M.D.,† *Wichita*

A 65-year-old woman reported progressive, generalized weakness and numbness of the lower extremities, subsequent to many years of low back pain. A lumbar MRI was essentially negative, as was a cervical MRI ordered after five additional weeks of progressively worsening symptoms. Within another four weeks, the numbness progressed to her lower abdomen, and the lower-extremity weakness intensified so that the patient required aid in walking. A CT of the abdomen was ordered, for the first time revealing the lesion shown in Figure 1 (below). An MRI of the lesion was obtained for further delineation.

Imaging Findings

CT axial images through the lung bases revealed a 3.2 x 1.5 cm soft tissue mass in the extrapleural right lung base, both adjacent to and involving the T9 body. Bone destruction of the right pedicle and transverse process was clearly seen (Figure 2). Neurogenic tumor versus metastasis were considered. MRI after IV gadolinium injection revealed a tumor involving the right neural foramen of T9, with marked compression of dura and spinal cord. Bone erosion with scalloping of the vertebral margins and widening of the neural foramina with pedicle erosion are characteristic of nerve sheath tumors (Figure 3). Also typical is the extension of soft tissue through the neural foramen in a "dumb-bell" configuration, but only in the absence of the bony erosion seen here. Pathologic specimen obtained at surgery revealed neurofibroma.

*Resident, UKSM-Wichita
†Dept. of Radiology, UKSM-Wichita
Address correspondence to Dr. Ahlstrand at Dept. of Radiology, UKSM-Wichita, 1010 N. Kansas, Wichita, Kansas 67214.







Chlamydia in Kansas, 1993

Chlamydia is the most commonly reported sexually transmitted disease in Kansas; in 1993, 5,694 cases were reported. This represented a 19% decrease from the number of cases reported during 1992. The incidence of chlamydia in Kansas in 1993 was 226 cases per 100,000 population (Figure 1). For comparison, the rate for the United States in 1992, the last year for which data are available, was 183 cases per 100,000.

During 1993, chlamydia was reported by 92 (88%) of the 105 counties in the state (Figure 2). Four counties had 58% of the reported cases of chlamydia (Sedgwick: 1,373; Wyandotte: 819; Shawnee: 570; and Geary: 566). The highest rates of chlamydia were reported by Geary County (1,817 cases per 100,000), Wyandotte County (505 cases per 100,000), Riley County (396 cases per 100,000), and Shawnee County (349 cases per 100,000).

The median age of patients with chlamydia was 20 years (Figure 3). Seventy-eight percent of all reported cases occurred in persons 15 to 24 years of age. The rate for females (359 per 100,000) was significantly higher than the rate for males (88 per 100,000). The chlamydia rate was 1,195 cases per 100,000 for blacks, 386 cases per 100,000 for Hispanics, 314 cases per 100,000 for American Indians, 164 cases per 100,000 for Asians, and 127 cases per 100,000 for whites. Fifty-nine percent of cases were reported by private health care providers; 41% were reported by public health care providers.

When interpreting these data, it is important to realize that the numbers reflect the current focus of chlamydia control activities in Kansas. Females, adolescents and young adults are the targets of control efforts. These groups, therefore, account for a disproportionate share of reported cases. Differences in rates among racial groups may reflect the association between sexually transmitted diseases and socioeconomic status. The decrease in reported cases in 1993 may represent progress in chlamydia control, but additional years of data are needed to confirm this trend.

(Continued on page 175.)

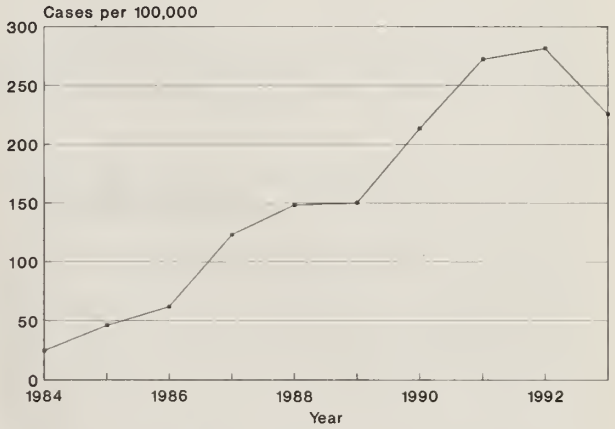


Figure 1. Chlamydia rate by year in Kansas, 1984-1993.

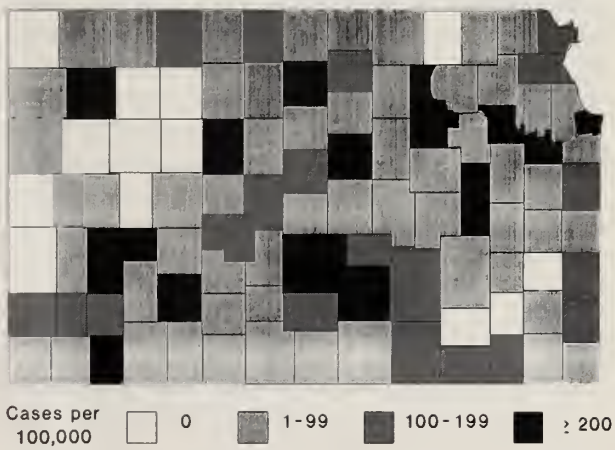


Figure 2. Chlamydia rate by county in Kansas, 1993.

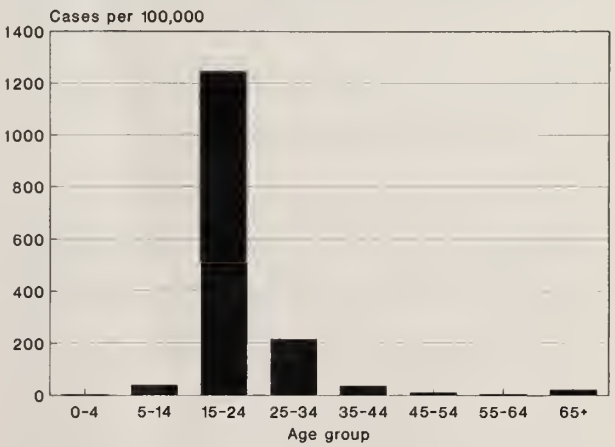


Figure 3. Chlamydia rate by age group in Kansas, 1993.

Geriatric Ethics: Dementia and the Quality of Life

NINA AINSLIE, M.D., WILLIAM BARTHOLOME, M.D., AND CONSTANCE RUHL, M.D., *Kansas City*

The Center on Aging at the University of Kansas Medical Center sponsors a monthly discussion on the ethical issues of a geriatric case. The case is presented by a geriatric medicine fellow, and Dr. Bartholome, a pediatrician and ethicist, leads the discussion. The intent is to examine and develop an understanding of the issues involved in the case.

Case

Mrs. A.B. is an 84-year-old mother of seven who moved into a nursing home in May 1993, when the daughter caring for her could no longer do so. Mrs. A.B. has Alzheimer's disease and scored 18 out of a possible 30 points on the Folstein mini-mental state exam at admission. Her score has declined to 15 during the past 10 months. Although she needs some prompting and assistance with dressing, bathing, and toileting, she remains independent in feeding herself and walking. Her other medical problems include diet-controlled diabetes mellitus, atherosclerotic heart disease, hypertension and atrial fibrillation, all of which are controlled and stable. She experiences some agitation and anxiety, for which she receives bedtime doses of haloperidol.

Of her seven children, six live in the area and are involved with her. One daughter has a durable power of attorney for health care decisions. The family has heard of tacrine, recently approved by the FDA for treatment of mild to moderate Alzheimer's disease, and they want their mother to try it.

The medical team (physician and nursing home staff) think her disease is too advanced to warrant use of the drug and are concerned about the potential for hepatotoxicity and other gastrointestinal side effects such as nausea and anorexia. Furthermore, weekly blood tests to follow liver function may distress the patient. Also, tacrine has been studied only in otherwise healthy Alzheimer's patients, and cardiovascular disease is a contraindication. After reading some information about tacrine provided by the physician, the family still wishes to try the drug. They think her anxiety may be decreased if her dementia is improved, and she might thereby have an improved quality of life.

Discussion

Since the underlying goal of every medical intervention is both to "do good" for a patient's health and to do what is right for the particular patient, every medical decision has an ethical, as well as a medical, basis. In a case such as this, in which the "good" is not so clear, the ethical features of the decision are more prominent.

An issue involved in any treatment decision is evaluating the potentials for benefit and for harm for a patient, particularly one who cannot make her own decisions. Tacrine is a treatment with small potential benefit and fairly large risk of harm. The drug has been shown to slow the progression of Alzheimer's disease in about 50% of patients with mild dementia. Improvements are seen in some cognitive tests and occasionally in functional performance, but the disease continues to progress relentlessly after the improvement. These treatment effects, in the patients for whom they occur, are at the price of gastrointestinal side effects and frequent (25-30%) hepatotoxicity. Weekly monitoring of liver function tests is required for at least 18 weeks, and for six weeks after every dose increase. For some patients who

---

KANSAS MEDICINE, in collaboration with the Center on Aging at the University of Kansas, has initiated a new column about practical management of clinical problems in older patients. The column will rotate articles on the following general topics: Geriatric Clinical Ethics, by Nina Ainslie, M.D.; Geriatric Grand Rounds with Case Presentations, by Dan Swagerty, M.D.; and Geriatric Journal Club, by Don Courtney, M.D.

Address correspondence to Your Older Patient Column, Center on Aging, 5026 Wescoe, KUMC-KC, Kansas City, KS 66160.

cannot understand why they are being performed, the blood tests may be very burdensome; for others, venipunctures may not be a problem.

There is no evidence that the drug affects a patient's anxiety, and only recently has there been some evidence of effect on "quality of life," as judged by caregivers. Also, since the course of Alzheimer's disease may be erratic, with plateaus in cognition interspersed with periods of apparently more rapid decline, it is difficult to determine that tacrine is affecting the disease course for a particular patient. Therefore, while it may be easy to define some endpoints for stopping the drug, using side effects and the burdens of monitoring, it is more difficult to find criteria that would indicate "success" and warrant its continued use.

In this case, the family's expectations were not clear, so determining criteria for effectiveness is even more difficult. The family was quite distressed by Mrs. A.B.'s anxiety and agitation and hoped for some improvement in that aspect of her behavior. There are other possible reasons for their interest in tacrine. The family may have felt their role in their mother's life receding as she became less able to recognize them and more settled into the nursing home routine. They might hope the drug would enable them to reconnect and recapture some of their former relationship with their loved one. This family or others may see themselves as advocates for their Alzheimer's patient and may need to be certain they have "done everything" for their family member. For other families, the need to try anything and do everything may stem from guilt about being unable to care for the patient or from grief at this cruel, gradual loss of their family member. Some tactful exploration of the rationale of the family in requesting any risky or minimally effective treatment may result in a better understanding of their hopes for their family member.

In the case of Mrs. A.B., the physician should probably be willing to try tacrine only if some endpoints for success and failure were agreed upon by the family. Hepatotoxicity, other side effects, and any distress caused by frequent blood tests would indicate discontinuing the drug. The characteristics of a successful trial, however, need to be delineated more sharply and explicitly. Issues to clarify could include the meaning of "quality of life" and how the family might judge Mrs. A.B.'s quality of life to be better or worse, what would constitute a sufficient reduction in anxiety and agitation, and what would count as meaningful cognitive improvement for this patient.

Reaching a decision in a case like this, then, rests upon two things. The first is making as careful a determination as possible of what is "good" for the patient. The second is assisting the surrogate decision-makers to understand the risks and benefits and to be realistic and clear about their hopes for treatment effects.

SUGGESTED READING

1. Knapp MJ, Knopman DS, Solomon PR, et al. A 30-week randomized controlled trial of high-dose tacrine in patients with Alzheimer's disease. *JAMA* 1994;271:985-92.

2. Winker MA. Tacrine for Alzheimer's disease: Which patient, what dose? *JAMA* 1994;271:1023-24.

MEDICINA ET LEX

(Continued from page 155.)

While the Washington state law making it a felony to assist another in a suicide has been declared unconstitutional and invalid, Kansas law is still valid because it has not been challenged. At the same time, this case and the Kevorkian case may signal the emergence of a new constitutionally protected right which will have direct bearing on the practice of medicine in the future.

NEWS FROM KDHE

(Continued from page 173.)

The currently recommended regimen for treatment of chlamydia among nonpregnant adolescents and adults is doxycycline 100 mg orally, 2 times a day for 7 days; or azithromycin 1 gram orally in a single dose (*MMWR* 1993;42(No. RR-14):50-56). All cases of chlamydia should be reported to the local or state health department to ensure appropriate follow-up (i.e., case investigation and contact tracing).

Reported by: Sexually Transmitted Diseases Section, Bureau of Disease Control, Kansas Department of Health and Environment

One Doctor's Solution to Guidelines and Computerized Medical Records

RONALD DAVIS, M.D., M.C.S.,* *Wichita*

The demand on the medical record is increasing dramatically, as is the complexity of medical care. Medical guidelines are being developed and adopted. Computer technology has been advancing rapidly. It is natural to merge these concepts to create the medical record which documents the care provided.

In response to this, I have developed a computerized medical record system. It consists of self-developed guidelines, voice recognition, bar-coding, FAXing by modem, and a word processor which has been programmed using macros and templates. This approach gives an accurate, complete and consistent medical record.

In developing my own guidelines, I relied on my own knowledge, textbooks, journal articles, and information from specialists. From these, I developed standard templates for the ten or so most common clinical problems I manage. The template is unique to the chief complaint and is selected from a menu. The template serves as a guide for history-taking, physical exam, differential diagnosis, and the treatment plan. This provides a consistent and thorough evaluation.

The findings from the history and examination are entered into the computer using WordPerfect 5.1 for DOS. This program has good text-handling capabilities and has a programming language in macros and the macro editor. These features give powerful medical record report-generating capabilities.

The macro generates the heading (font, clinic name and phone number), enters the current date, and begins the menu-selected template. The template presents one item at a time, many of which have defaults for negative responses. Otherwise, a positive finding can be entered from the keyboard, by voice recognition, or bar-code wand. When the patient's name is entered, a macro assigns the first and last names to two variables. The first name variable can be generated through voice recognition by saying "patientname" as one word ("patient" "name" as two words sends the text *patient name* to the screen). This personalizes the report by accessing the variable for the patient's first name.

After the history and examination are complete, the differential diagnosis menu associated with the chief complaint is displayed. A single keystroke selects a diagnosis, or it can be entered if it is not on the list. The selection includes the description and the ICD-9-CM code.

The medical management plan is developed through a series of menus for prescribed medications, x-ray studies, physical therapy, a date for the next visit, and a signature block. All choices can be selected with single keystrokes from the menus.

An example of a medical record is given in the accompanying figure (at right).

Once the medical record is complete, it can be sent to a printer or FAXed with a FAX/modem using the HP Series II LaserJet printer driver. This hardware supports fonts and graphics to the destination FAX machine.

In this way, the medical record is constructed, using a variety of tools, to be accurate, complete and consistent. Patient care will benefit from the incorporation of these technologies as they continue to become friendlier and more powerful.

*Medical Director, Comprehensive Occupational Medicine Programs

Address correspondence to Dr. Davis at 315 N. Hillside, Wichita, Kansas 67214.

Comprehensive Occupational Medicine Programs
2535 E. Lincoln Wichita, KS 67211 (316) 687-9794

Name: John Doe Date: June 14, 1994 Pg 1
Date of Injury: June 13, 1994 Employer: ACME Products, Inc.

Macro sets font, clinic name, and date.

History of the present Illness: John was lifting some metal onto the milling machine at work and sustained a strain to the lower back.

No history of significant numbness or tingling. Any recent treatment? None. Any bowel or bladder control problems? None. Any history of cancer? None. Any non-work related causes of this condition: John knows of no off duty activities that would have caused or aggravated this condition.

This information is entered with voice recognition.

Past History of Back
Previous back pain? Yes, three years ago he had an episode similar to this. He did not miss work at that time and symptoms resolved spontaneously. He's had no further problems until now. Previous back X-Rays? None. Arthritis of any type? None. No history of previous back surgery.

Past Medical History: Allergies: None. Current medications: None. Medical conditions: None. Hospitalizations: Once, for inguinal hernia repair in 1989. No complications.

This information is entered by single key entry selection from a menu.

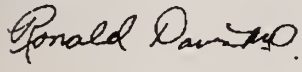
Examination:
Weight 167 pounds. Height: 5' 8". Gait was somewhat slow and deliberate. Heel/toe walking is normal. Back - Inspection is normal. Range of Motion: Moderate decrease in flexion. Palpation: Muscle spasm is mild. There is no vertebral point tenderness. Tenderness is present in the low lumbar area, right. Sciatic notch palpation is unremarkable. SLR is normal bilaterally, there is slight increase in back discomfort. No muscle atrophy detected. Knee reflex: R. normal, L. normal, Ankle reflex: R. normal, L. normal, First toe extensors: R. normal, L. normal. Sensation is normal.

Impression: Acute Lumbar Back Strain (846.9)

Plan:
Carisoprodol 350 mg 10 tabs 1 QID. Sedation precautions given.
Toradol 10 mg 20 tabs 1 BID to TID
Physical Therapy Assessment and Treatment.
Exercises and modalities 3 times per week for 1 week,
then 2 times per week for 2 weeks.
Lumbar x-ray series.

Limitations:
May lift up to 20 pounds.
If working in the sitting or standing position allow 5 minutes break per hour to stretch or change positions.

Next visit: June 21, 1994 9:30 AM



Macro inserts signature as a graphics block.

Ronald Davis, M.D., Medical Director

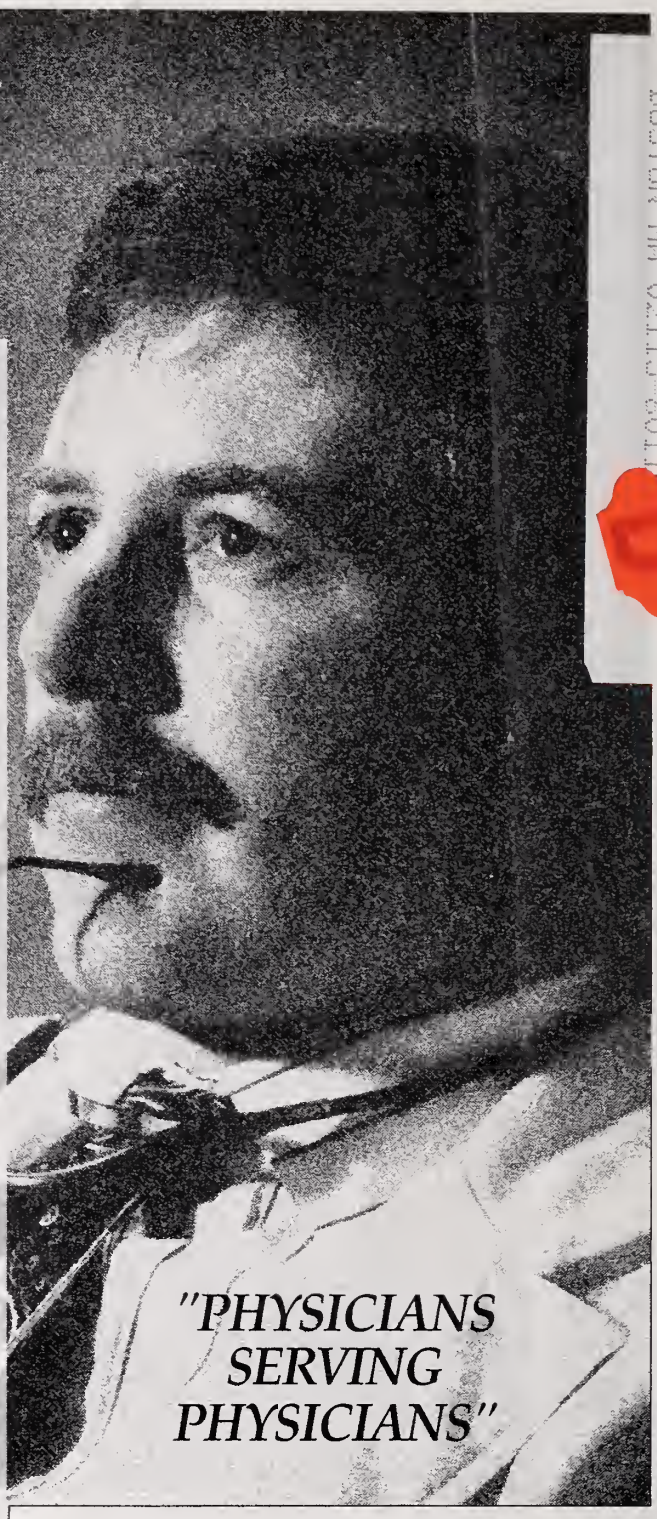
ANNOUNCING SOMETHING UNCOMMON... A COMMON SENSE APPROACH

Who understands the challenges facing today's physician better than other physicians? KaMMCO was formed *for* physicians, *by* physicians, to provide you with competitive rates and innovative services. Physician owned and controlled, we set the standards for superior service, and uncompromising protection.

Among the personal services we provide are:

- **Technical advice and information on a variety of health care law issues**
- **Physician focused management and purchasing services through Medical Services Corporation**
- **Strong defense of non-meritorious claims and physician support during claims**
- **Close working relationship with the Kansas Medical Society**
- **Legislative advocacy**
- **Loss prevention activities for physicians and staff**
- **Medical office reviews**
- **Personalized member service and toll-free access**

Physicians serving physicians...it's just common sense.



"PHYSICIANS SERVING PHYSICIANS"

XE
NEW ENGLAND JRNL OF MEDICINE
10 SHATTUCK ST
BOSTON MA 02115-6094
1-409003

KaMMCO

KANSAS MEDICAL MUTUAL INSURANCE COMPANY

623 SW Tenth • Topeka, Kansas 66612
(913) 232-2224 • 1 (800) 232-2259

KANSAS MEDICINE

JOURNAL OF THE KANSAS MEDICAL SOCIETY

August 1994 Volume 95, Number 8

Membership Directory 1994

THE FRANCIS A. COUNTWAY
LIBRARY OF MEDICINE
BOSTON, MA
SEP 2 9 1994

KANSAS MEDICINE

VOLUME 95 · NUMBER 8 · AUGUST 1994

CONTENTS

KMS

Map	4
Officers	10
Staff	12
Councilors and Alternates	14
Committees	14
Component Medical Societies	20
Committee on Impairment and Advocacy	28
Medical Advocacy Program Hotline	35
Alphabetical Listing of Members	37
Physician Distribution by Cities	51
Out-of-State Members	122
Resident Physician Section	124
Medical Student Section	126

Societies and Organizations

Administrative Directory	6
Related Organizations	22
Specialty Societies	23

Related Services

Handicapped Children's Services	8
AIDS Information Telephone Numbers	21
Hospitals, Institutions and Centers	24
HIV Counseling and Testing Sites	30

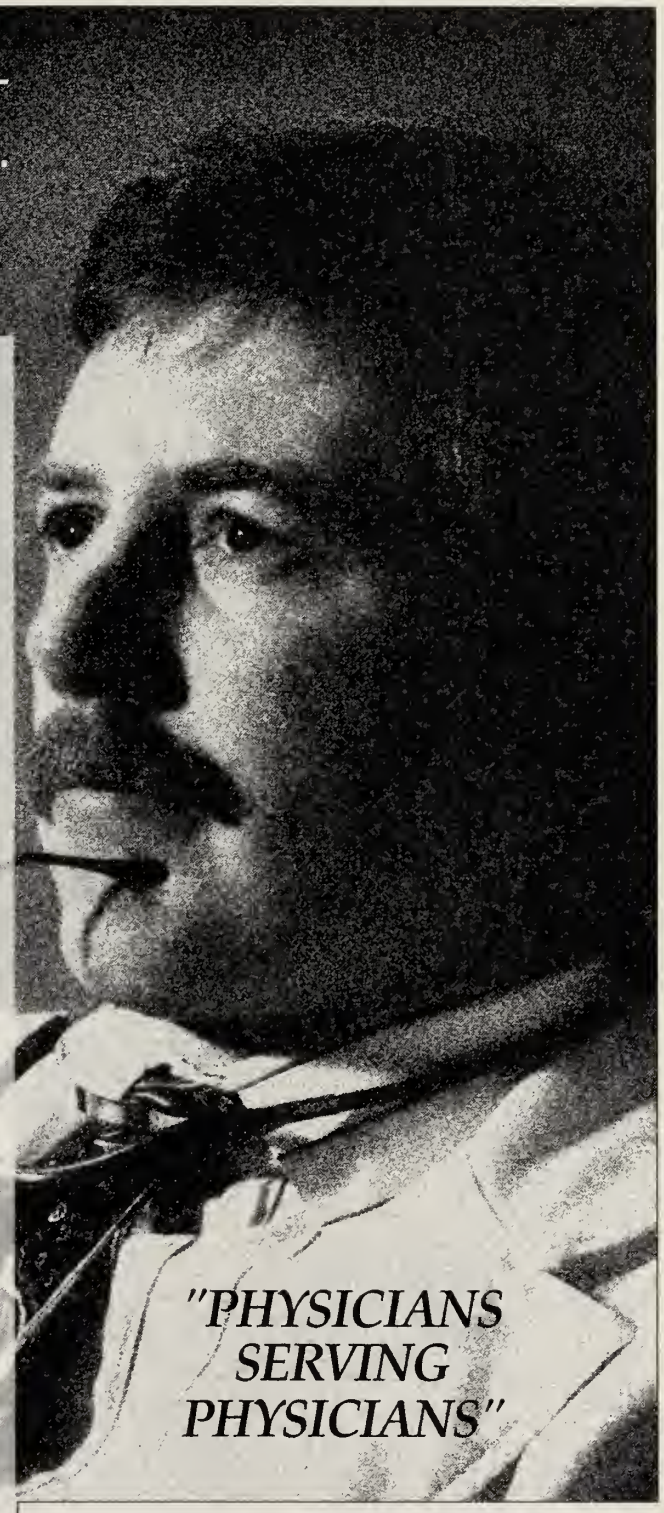
Miscellaneous

Change-of-Address Form	2
Principles of Medical Ethics	18
Information for Authors	18
Legislators	19
Workers' Compensation Insurance	19
Classified Advertisements	31

Codes and Abbreviations

Medical School Codes	32
Medical Specialty Codes	36

ANNOUNCING SOMETHING UNCOMMON... A COMMON SENSE APPROACH



Who understands the challenges facing today's physician better than other physicians? KaMMCO was formed *for* physicians, *by* physicians, to provide you with competitive rates and innovative services. Physician owned and controlled, we set the standards for superior service, and uncompromising protection.

Among the personal services we provide are:

- **Technical advice and information on a variety of health care law issues**
- **Physician focused management and purchasing services through Medical Services Corporation**
- **Strong defense of non-meritorious claims and physician support during claims**
- **Close working relationship with the Kansas Medical Society**
- **Legislative advocacy**
- **Loss prevention activities for physicians and staff**
- **Medical office reviews**
- **Personalized member service and toll-free access**

Physicians serving physicians...it's just common sense.

"PHYSICIANS SERVING PHYSICIANS"

KaMMCO

KANSAS MEDICAL MUTUAL INSURANCE COMPANY

623 SW Tenth • Topeka, Kansas 66612
(913) 232-2224 • 1 (800) 232-2259

ARE YOU
MOVING?

To ensure uninterrupted delivery of KANSAS MEDICINE, please let us know your new address at least 6 weeks before you move. Send this form to Kansas Medicine, 623 W. 10th Avenue, Topeka, KS 66612.

OLD ADDRESS:

(Please affix mailing label here.)

NEW ADDRESS, as of _____
(DATE)

Name _____
(IF IT HAS CHANGED)

Address _____

_____

City _____

State _____ ZIP + 4 _____

Telephone (_____) _____
(FOR PUBLICATION IN DIRECTORY)

RETIRING MEMBERS, please fill in the information requested below if you wish to continue receiving KANSAS MEDICINE. You need not include your telephone number.

OLD ADDRESS:

(Please affix mailing label here.)

NEW ADDRESS, as of _____
(DATE)

Address _____

_____

City _____

State _____ ZIP _____

EDITORIAL BOARD

Warren E. Meyer, M.D., Acting Editor
M. Martin Halley, M.D.
David S. Jacobs, M.D.
Harry G. Kroll, M.D.
Donald R. Pierce, M.D.
James H. Ransom, M.D.
William J. Reals, M.D.
Donald L. Vine, M.D.
Anne D. Walling, M.D.

STAFF

Susan Ward
Production Editor

Jeremy Slaughter
Business Manager

KANSAS MEDICINE (ISSN 8755-0059) is published monthly by the Kansas Medical Society, 623 W. 10th Avenue, Topeka KS 66612. KMS membership includes a one-year subscription for which $15 is allocated from each member's dues. Rates to others: $45/yr domestic; $50/yr foreign. Printed by The Ovid Bell Press, Inc., Fulton MO. Second class postage paid at Topeka KS and at additional mailing offices. POSTMASTER: Send address changes to KANSAS MEDICINE, 623 W. 10th Avenue, Topeka KS 66612.

Indexed in *Hospital Literature Index* and *Index Medicus.* Available through University Microfilms. Listed in *CC/Clinical Practice.* Search Resource for Institute for Medical Information, Inc., and Medical Search, Inc.

Copyright 1994 by the Kansas Medical Society. Permission to reproduce materials published herein must be obtained from KANSAS MEDICINE and the author(s). Although effort is made to publish only accurate articles and legitimate advertisements, KANSAS MEDICINE denies legal responsibility for statements, opinions or advertisements appearing under the names of contributors or concerns. Address all correspondence to: KANSAS MEDICINE, 623 W. 10th Avenue, Topeka KS 66612.



ABOUT OUR LOGO

In January 1935, a new logo appeared on the cover of KANSAS MEDICINE for the first time. This device represents two stethoscopes: the original monaural type as used by Läennec, and the modern binaural variety. The logo was designed expressly for KANSAS MEDICINE by renowned graphic designer Bradbury Thompson, a native of Topeka and friend of two former editors of the journal, Dr. W.M. Mills and Dr. Lucien Pyle. As another former editor, Dr. Orville R. Clark, wrote in January 1955, the logo "has become as much a part of the journal as any of the features on the inside and is something which is ours alone."



We'll save you loads.

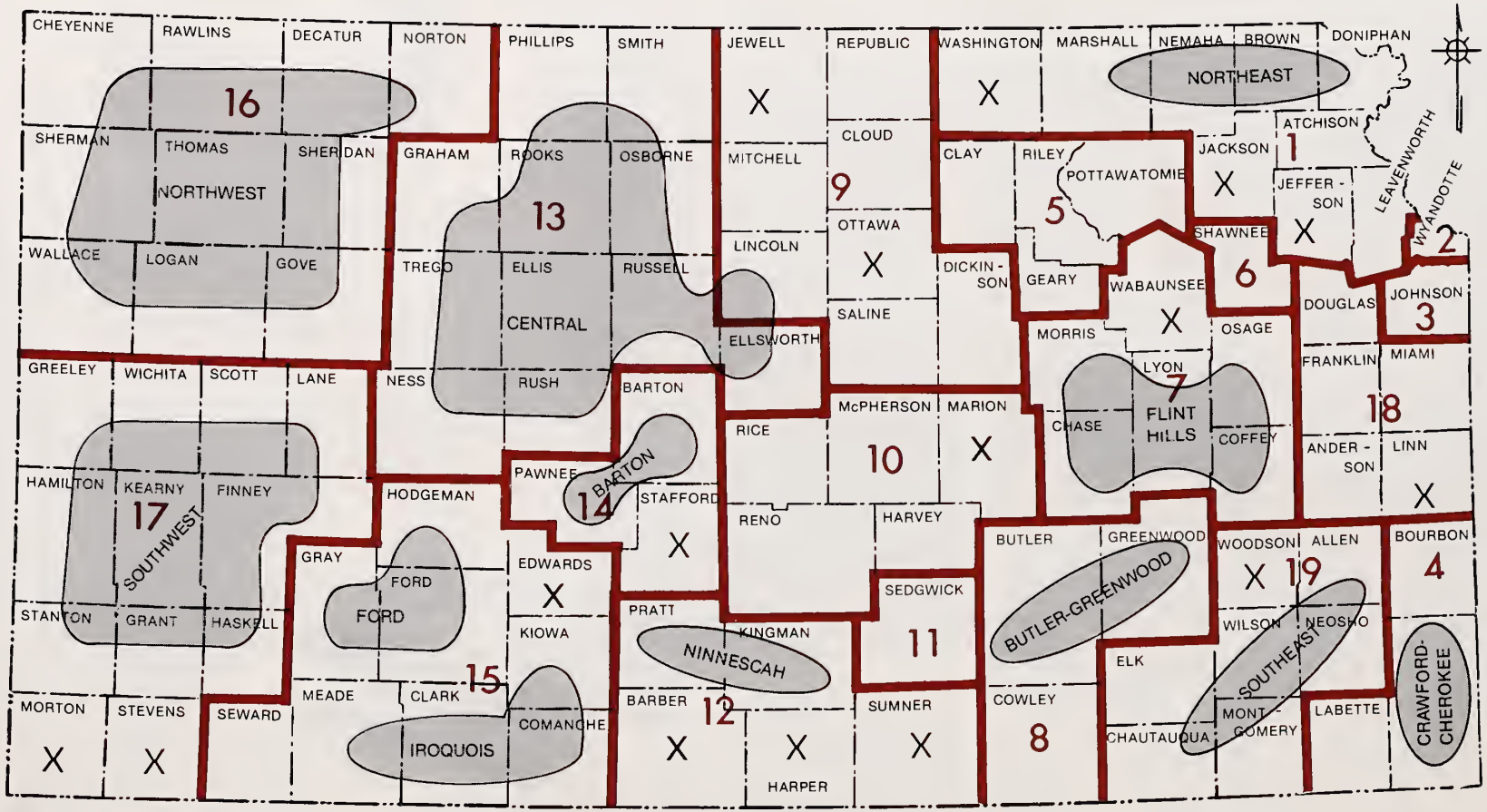
You can avoid the expense and hassle of insurance paperwork by filing claims electronically with Blue Cross Blue Shield of Kansas.* Our system speeds up the process on your end, freeing you to handle other responsibilities. Also, filing electronically minimizes the chance of errors. Additional capabilities we'll be introducing down the line promise to make your job even easier in the near future.

To find out more about electronic filing, call your Blue Cross Blue Shield representative—and take a load off your mind.

*An Independent Licensee of the Blue Cross and Blue Shield Association.

PA94

COUNTY MEDICAL SOCIETIES and COUNCIL DISTRICTS

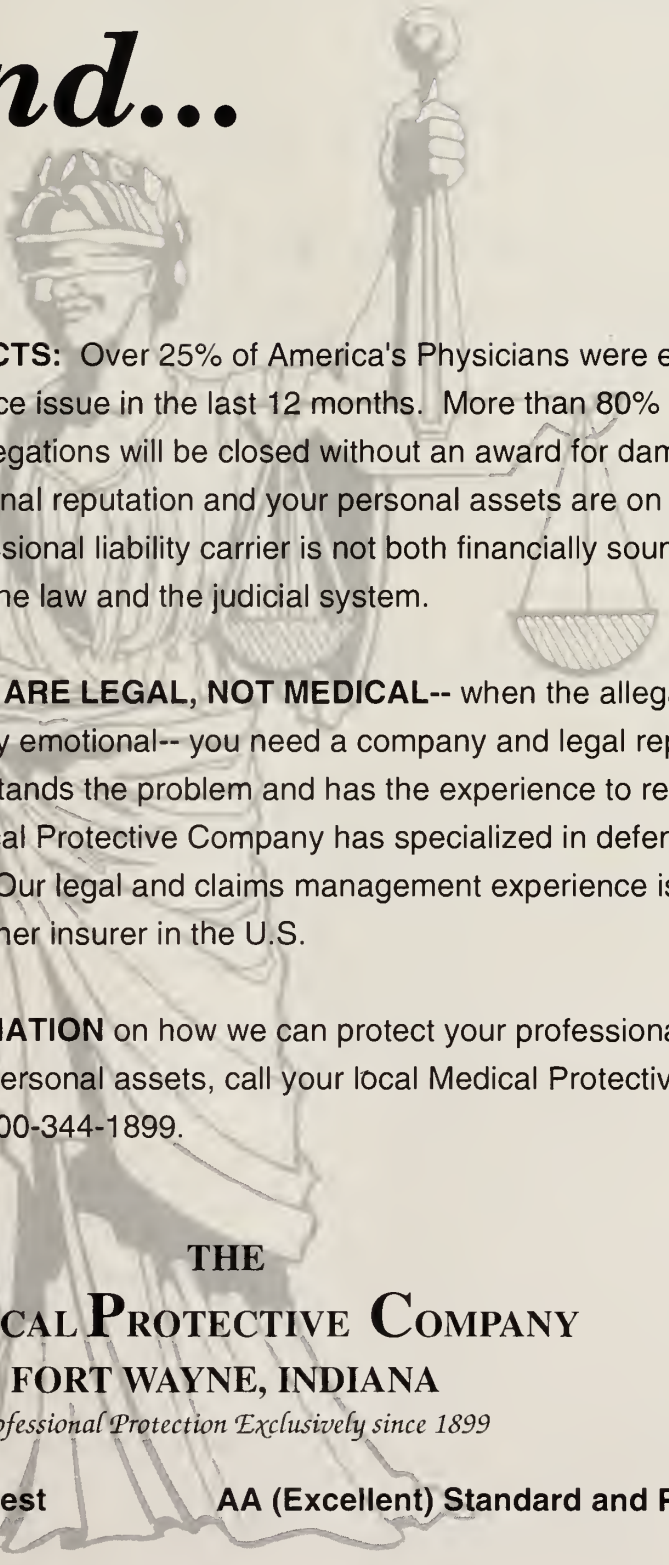


County Medical Societies.

Council Districts.

X — Physicians affiliated with neighboring societies.

...a promise to defend...



HERE ARE THE FACTS: Over 25% of America's Physicians were embroiled in a malpractice issue in the last 12 months. More than 80% of those malpractice allegations will be closed without an award for damages. Your professional reputation and your personal assets are on the line when your professional liability carrier is not both financially sound *and* experienced in the law and the judicial system.

WHEN THE ISSUES ARE LEGAL, NOT MEDICAL-- when the allegations are frivolous, or highly emotional-- you need a company and legal representation that understands the problem and has the experience to resolve the issue. The Medical Protective Company has specialized in defending doctors since 1899. Our legal and claims management experience is unmatched by any other insurer in the U.S.

FOR MORE INFORMATION on how we can protect your professional reputation and your personal assets, call your local Medical Protective General Agent at 1-800-344-1899.

THE

MEDICAL PROTECTIVE COMPANY

FORT WAYNE, INDIANA

Professional Protection Exclusively since 1899

A+ (Superior) A.M.Best **AA (Excellent) Standard and Poor's**

Medical Organizations

Kansas Medical Society
President: Donald R. Brada, M.D., 1100 N. St. Francis, Suite 400, Wichita 67214-3821 — 316-268-8680

Executive Director: Jerry Slaughter
(Other KMS staff members listed on pp. 12-13)
623 SW 10th Avenue, Topeka 66612-1627 — 913-235-2383
800-332-0156
Fax: 913-235-5114

KMS Legal Counsel: Wayne T. Stratton, J.D. — 913-233-0593; 800-332-0248

Kansas Medical Mutual Insurance Company (KaMMCO)
President and Chairman of the Board: Jimmie A. Gleason, M.D.
623 SW 10th Avenue, Topeka 66612-0237 — 913-232-2224
800-232-2259
Fax: 913-232-4704

Medical Service Corporation (MSC)
Sr. Vice President-Policy and Planning: Steve Hughes
8600 Shawnee Mission Pkwy., Ste. 305, Shawnee Mission 66202 — 913-262-8282
800-779-8201
Fax: 913-262-8458

Sr. Vice President-SW Region: Darrel McCool
400 Woodlawn, Ste. 106, Wichita 67208 — 316-681-3425
800-207-3073
Fax: 316-681-3554

County Medical Societies' Executive Offices

Barton County — 615 N. Wieland, Ellinwood 67526	316-793-1851
Judy Leighton, Executive Secretary(Home) 316-564-2742	
Cowley County — 421 Michigan, Winfield 67156	316-221-2267
Gene M. Wilcox, Executive Secretary	
Crawford-Cherokee — #3 Medical Ctr. Circle, Pittsburg 67762	316-231-6280
F. Ronald Seglie, M.D., President	
Harvey County — Box 323, North Newton 67117	316-283-4313
Grace Schroeder, Executive Secretary	
Johnson County — 7301 Mission Road, Suite 324	913-432-9444
Shawnee Mission 66208	Fax: 913-432-9004
Harriet Hayward, Executive Director	
Reno County — Room 4305, 1701 E. 23rd,	
Hutchinson 67502	316-669-5905
Annette Boyer, Executive Secretary	
Riley County — The St. Mary Hospital, 1823 College Avenue	913-776-3322
Manhattan 66502	Ext. 860
Mary Lindquist, R.R.A., Executive Secretary	Fax: 913-776-2231
Saline County — P.O. Box 1007, Salina 67401	913-823-1077
Marcia Feighny, Executive Director	
Sedgwick County — 1102 S. Hillside, Wichita 67211	316-683-7557
Dwight Allen, Executive Director	Fax: 316-683-1606
James Van Milligen, Associate Director	
Shawnee County — 1027 SW Gage Blvd., Topeka 66604	913-271-5668
Byron Cook, Executive Director	Fax: 913-271-9721

Wyandotte County — 2832 Roe Lane, Kansas City 66103
Martha Hunt, Executive Secretary 913-262-3888

Specialty Societies

Kansas Academy of Family Physicians 316-832-1408
Carolyn N. Gaughan, Executive Director Fax: 316-832-0079
1999 N. Amidon, Ste. 300, Wichita 67203

Kansas Orthopedic Society 913-233-7491
Douglas W. Bowen, Executive Secretary
631 SW Horne St., Topeka 66606

Kansas Chapter, American Academy of Pediatrics 913-894-5649
Chris Steege, Administrator
15202 W. 84th Terr., Lenexa 66219

Kansas Psychiatric Society, A District Branch of the Amer. Psychiatric Assoc.
Jo Ann Klemmer, Executive Secretary 913-235-3619
623 SW 10th Ave., Topeka 66612-1627

American Medical Association

515 N. State St., Chicago, IL 60610 312-464-5000
James S. Todd, M.D., Executive Vice President

AMA Washington Office (Department of Governmental Relations)

1101 Vermont Ave., NW, Washington, DC 20005 202-789-7400

University of Kansas School of Medicine — Kansas City

3901 Rainbow Boulevard, Kansas City, KS 66160
Charles Andrews, M.D., Executive Vice Chancellor 913-588-1441
Daniel Hollander, M.D., Executive Dean 913-588-5287

University of Kansas School of Medicine — Wichita

1010 N. Kansas, Wichita 67214 316-261-2635
Joseph C. Meek, Jr., M.D., Dean 316-261-2600
William J. Reals, M.D., Consultant to the Chancellor 316-261-2600

Government Agencies

Kansas State Board of Healing Arts

235 S. Topeka Ave., Topeka 66603 913-296-7413

Kansas State Board of Nursing

Landon State Off. Bldg., Ste. 551 S, 900 SW Jackson, Topeka 66612 913-296-4929

Kansas State Board of Pharmacy

Landon State Off. Bldg., Ste. 513, 900 SW Jackson, Topeka 66612 913-296-4056

Kansas Department of Health & Environment

Landon State Off. Bldg., 900 SW Jackson, Topeka 66612 913-296-1500

Kansas State Insurance Department

420 SW 9th St., Topeka 66612 913-296-3071

Kansas Department on Aging

Docking State Office Building, Ste. 122-S,
915 SW Harrison, Topeka 66612-1505 913-296-4986

Kansas Department of Social & Rehabilitation Services

6th Fl., Docking State Off. Bldg., 915 Harrison, Topeka 66612-1570 913-296-3959

EDS Federal

P.O. Box 4649, Topeka 66604 913-273-5700

Disability Determination Unit

Docking State Office Bldg., 915 Harrison, 10th Fl., Topeka 66612 913-296-6600
René Hausheer, M.D., J.D., Chief Medical Consultant

(Listings continue on next page.)

Associations

Kansas Association of Osteopathic Medicine
1260 SW Topeka Avenue, Topeka 66612 913-234-5563

Kansas Bar Association
1200 SW Harrison, Topeka 66612 913-234-5696

Kansas Chiropractic Association
1334 SW Topeka, Topeka 66612 913-233-0697

Kansas Hospital Association
1263 SW Topeka, Topeka 66612 913-233-7436

Kansas Pharmacists Association
1308 SW 10th Ave., Topeka 66604 913-232-0439

Kansas State Nurses Association
700 SW Jackson, Suite 601, Topeka 66603 913-233-8638

Kansas Trial Lawyers Association
700 SW Jackson, Topeka 66603 913-232-7756

Statewide Handicapped Children's Services

A— Advocacy/support
Dx — Diagnosis
R — Referral
S — Screening
Tx — Treatment

Make A Difference Information Network (R) 800-332-6262
Department of Education
Department of Health & Environment
Families Together Parent Center
Keys for Networking
Social & Rehabilitation Services

Kan Be Healthy (S, R) 913-296-3981
Local health departments or SRS State Coordinator

Kansas Neurological Institute (Dx, R) 913-296-5377
3107 W. 21st, Topeka KS 66604

Services for Children with Special Health Care Needs (S, Dx, Tx) 913-296-1313

Deaf-Blind Programs (R) 913-296-2062
913-296-4454
913-864-4570

University of Kansas Affiliated Facilities (Dx, Tx, S, R, A)
KUMC-Kansas City 913-588-5926
Lawrence 913-864-4950
Parsons 800-362-0390

Make a Difference Info. Network (S, Dx, Tx, R, A) 800-332-6262

Parent to Parent, Kansas City (A) 913-648-2317

Families Together, Lawrence (R, A) 913-841-7241

Kansas Children's Service League (R, A) 913-232-0543

State Institutions (Dx, Tx, R) 913-296-3774
Local SRS offices

Private Facilities:
Kansas Association of Rehabilitation Facilities 316-284-2330
Other individual listings available through
Kansas Handicapped Services Directory 913-864-4570

...dedicated to managing the costs of operating a medical practice

- allowing physicians to concentrate on the practice of medicine
- offering volume purchasing of forms, paper goods, and office equipment
- developing capacity to offer expert legal advice on contracts, reimbursement, and other legal issues

MSC
MEDICAL SERVICE
CORPORATION

A KaMMCO Company
Sponsored by the Kansas Medical Society

- providing physicians an advocate in areas of purchasing, compliance, and management
- providing practice monitoring, assessment, and complete office management
- acting as a proven advocate for physicians, endeavoring to create a unified voice in medicine

Wichita Office
400 N. Woodlawn, Ste. 106
Wichita, KS 67208
316-681-3425
Fax 316-681-3554

Shawnee Mission Office
8600 Shawnee Mission Pkwy., Ste. 305
Shawnee Mission, KS 66202
913-262-8282 800-779-8201
Fax 913-262-8458

Topeka Office
623 SW 10th Ave., Ste. 200
Topeka, KS 66612
913-232-1015
Fax 913-232-4704



SPECIALIZE IN AIR FORCE MEDICINE.

Become the dedicated physician you want to be while serving your country in today's Air Force. Discover the tremendous benefits of Air Force medicine. Talk to an Air Force medical program manager about the quality lifestyle , quality benefits and 30 days of vacation with pay per year that are part of a medical career with the Air Force. Find out how to qualify. Call

USAF HEALTH PROFESSIONS
TOLL FREE
1-800-423-USAF

AIR FORCE

Officers



Donald R. Brada, M.D.
Wichita
President



Linda D. Warren, M.D.
Hanover
President-Elect
AMA Delegate



David K. Ross, M.D.
Arkansas City
First Vice President



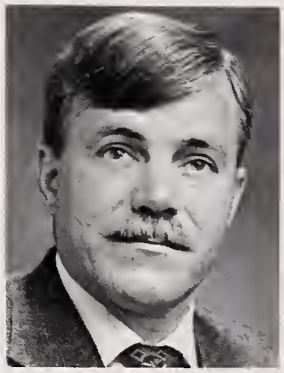
Joseph T. Philipp, M.D.
Manhattan
Second Vice President



ArthurD.Snow,Jr.,M.D.
Shawnee Mission
Immediate Past President



Craig Concannon, M.D.
Beloit
Constitutional Secretary



Jimmie Browning, M.D.
Clay Center
Treasurer



Warren E. Meyer, M.D.
Wichita
Acting Journal Editor



Jimmie A. Gleason, M.D.
Topeka
AMA Delegate



Lew W. Purinton, M.D.
Wichita
AMA Delegate



Kermit G. Wedel, M.D.
Minneapolis
AMA Delegate



Stephen F. Miller, M.D.
Parsons
AMA Delegate



Terry L. Poling, M.D.
Wichita
AMA Alternate



Jay S. Schukman, M.D.
Kansas City, MO
AMA Alternate



Roger D. Warren, M.D.
Hanover
AMA Alternate



Joseph C. Meek, Jr., M.D.
Wichita
AMA Alternate



Dee W. Bell, M.D.
Shawnee Mission
Speaker

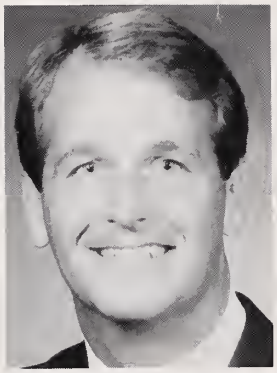


Robert Barnett, M.D.
Topeka
Vice Speaker



Nancy Craig
Newton
President, KMS Alliance

Staff



Jerry Slaughter
Executive Director



Gary Caruthers
Director of Administrative Services



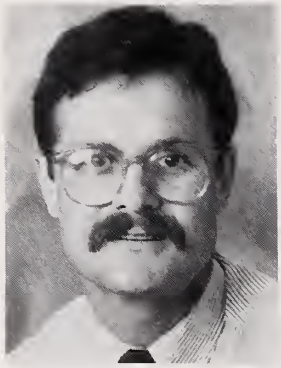
Nancy Sullivan
Executive Assistant



Chip Wheelen
Director of Public Affairs



Carolyn Price
Director of Health Care Finance



H. Mikel Thomas, M.D.
KMS-MAP Medical Director



Judy Janes
KMS-MAP Program Director



Allison Peterson
Director of Communications



Susan Ward
Journal Production Editor



Mary Camarata
Administrative Assistant



Ramona Perez
Membership Secretary



Carol Buchanan
Secretary



Treasa Jenson
Secretary,
KMS Services, Inc.



Mary Ann Starbuck
Receptionist/Secretary



Wayne T. Stratton, J.D.
KMS Counsel

AN ACT OF LOVE

Denial that a respected colleague could be impaired and/or the conspiracy of silence that makes us unwilling to speak out allows the illness of our impaired colleagues to progress, sometimes to a fatal outcome.

"Blowing the whistle" on a suffering colleague is, indeed, an act of love.

Call us *early*.
We can help *confidentially*.

KMS Medical Advocacy Program Telephone Numbers

24-hour Hotline	800-254-2460
KMS Office	913-235-2383

Councilors and Alternates

District 1 ..... John R. Eplee, M.D., Atchison; Vernon A. Mills, M.D., Leavenworth
District 2 ..... J. Ralph Payne, M.D., Kansas City, MO; Ira L. Cox II, M.D., Kansas City
District 3 ..... Lawrence D. Riffel, M.D., Shawnee Mission; Cranston J. Cederlind, M.D., Shawnee Mission
District 4 ..... Daniel N. Pauls, M.D., Parsons; Stephen F. Miller, M.D., Parsons
District 5 ..... Robert H. Cathey, M.D., Manhattan; John M. Barlow, M.D., Manhattan
District 6 ..... Robert D. Durst, M.D., Topeka; Robert E. Barnett, M.D., Topeka
District 7 ..... Duane A. Ginavan, M.D., Emporia; John H. Bernard, M.D., Emporia
District 8 ..... Newton C. Smith, M.D., Arkansas City; Benjamin White II, M.D., El Dorado
District 9 ..... Alan L. Kruckemyer, M.D., Salina
District 10 ..... William R. Beck, M.D., Newton; Tom C. Simpson, M.D., Sterling
District 11 ..... James A. Loeffler, M.D., Wichita; Terry Klein, M.D., Wichita
District 12 ..... Daniel J. Suiter, M.D., Pratt; L. Theil Bloom, M.D., Pratt
District 13 ..... Ward M. Newcomb, M.D., Hays
District 14 ..... Perry N. Schuetz, M.D., Great Bend
District 15 ..... Seeley T. Feldmeyer, M.D., Meade
District 16 ..... John Rand Neuenschwander, M.D., Hoxie; John Rapp Neuenschwander, M.D., Hoxie
District 17 ..... Bruce D. Melin, M.D., Garden City
District 18 ..... Robert A. Gollier, M.D., Ottawa; Mark A. Praeger, M.D., Lawrence
District 19 ..... Charles L. Empson, M.D., Independence

Committees

Constitution and Bylaws
Linda D. Warren, Hanover, *Chairman*

Continuing Medical Education
Jack A. Wortman, Hutchinson, *Chairman*
Stephen F. Miller, Parsons, *Vice Chairman*
Donald E. Beahm, Great Bend
Donald Bletz, Overland Park
William Cathcart-Rake, Salina
Robert H. Cox, Hays
John H. Gilbert II, Garden City
Wilmer A. Harms, Newton
Paul M. Murphy, Wichita
John B. Nelson, Kansas City
Lew W. Purinton, Wichita
William E. Smith, Wichita

Executive
Donald R. Brada, Wichita, *Chairman*
Robert E. Barnett, Topeka
D. W. Bell, Shawnee Mission
Jimmie L. Browning, Clay Center
Craig A. Concannon, Beloit
Jimmie A. Gleason, Topeka
Joseph C. Meek, Jr., Wichita
Stephen F. Miller, Parsons
Joseph T. Philipp, Manhattan
Terry L. Poling, Wichita
Lew W. Purinton, Wichita
David K. Ross, Arkansas City
Jay S. Schukman, Kansas City, MO
Arthur D. Snow, Jr., Shawnee Mission
Linda D. Warren, Hanover
Roger D. Warren, Hanover
Kermit G. Wedel, Minneapolis

Geriatric Medicine
Daniel N. Pauls, Parsons, *Chairman*
Robert E. Banks, Paola
Robert J. Fowler, Wichita
Paul H. Fransen, Halstead
Donald D. Goering, Coldwater
Mark I. Peterson, Bonner Springs
Henry E. Spangler, Topeka
Douglas L. Young, Wichita

Impairment and Advocacy
W. Lee Murray, Kansas City, *Chairman*
Joseph E. Bosiljevac, Jr., Emporia
Veltin J. Boudreaux, Wichita
George Dyck, Newton
Rodney Jones, Wichita
Connie M. Marsh, Wichita
Stephen F. Miller, Parsons
C. Erik Nye, Shawnee Mission
Virginia L. Tucker, Kansas City
Larry D. Vandegarde, Topeka
Eric A. Voth, Topeka
Wayne O. Wallace, Jr., Atchison

KMS-KHA Liaison
Donald R. Brada, Wichita, *Chairman*
Jimmie A. Gleason, Topeka
Donald W. Hatton, Lawrence
Terry L. Poling, Wichita
Michael F. Thompson, Shawnee Mission
Kermit G. Wedel, Minneapolis

Legislative
Jimmie A. Gleason, Topeka, *Chairman*
D. W. Bell, Shawnee Mission
Barry T. Bloom, Wichita
Kenneth M. Boese, Manhattan
Ernie J. Chaney, Wichita
Arthur C. Cherry, Jr., Topeka
Jerry B. Cohlmia, Wichita
Robert L. Coleman, Shawnee Mission
Robert D. Durst, Jr., Topeka
Earl B. Gehrt, Chanute
Kevin C. Hoppock, Wichita
Richard A. Huseman, Shawnee Mission
Rick Kellerman, Salina
Edward J. Lind, II, Goddard
Charles E. Livingston, Salina
James A. Loeffler, Wichita
Joseph C. Meek, Jr., Wichita
John Rand Neuenschwander, Hoxie
Daniel N. Pauls, Parsons
Terry L. Poling, Wichita
Thomas F. Ruhlen, Olathe
Rick D. Schoeling, Arkansas City
Perry N. Schuetz, Great Bend
Joan Sehdev, Topeka
Arthur D. Snow, Jr., Shawnee Mission
Dannie M. Thompson, Kansas City
Dennis D. Tietze, Topeka
Anne Wigglesworth, Manhattan
Wendi Knapp, Kansas City, Med. Stu.
Glenda Schmidt, Salina, KMSA

Long-Range Planning
Warren E. Meyer, Wichita, *Chairman*
Barbara P. Lukert, Kansas City
Joseph C. Meek, Jr., Wichita
Richard Meidinger, Topeka
Terry L. Poling, Wichita
Roger D. Warren, Hanover
Kermit G. Wedel, Minneapolis
L. Christine Faulk, UKSM-Wichita, Med. Stu.

Maternal Health
Robert E. Barnett, Topeka
Ernest C. Brandsted, McPherson
Henry W. Buck, Jr., Lawrence
Allen Erenberg, Kansas City
Brent E. Finley, Kansas City
Rex R. Fischer, Manhattan
Earl B. Gehrt, Chanute
Jimmie A. Gleason, Topeka
William M. Kane, Jr., Hays
George W. Marshall, Salina
Michael R. Morrison, Topeka
Patricia L. Schloesser, Topeka
Gary Sinning, Hiawatha
Anne Wigglesworth, Manhattan

Medical Services
Roger D. Warren, Hanover, *Chairman*
Jimmie L. Browning, Clay Center
Ernie J. Chaney, Wichita
Arthur C. Cherry, Jr., Topeka
Larry D. Jecha, Wichita
Kevin P. Kennally, Sabetha
Carol A. Moddrell, Lawrence
Edwin L. Petrik, Topeka
Alex Scott, Junction City
Stanley A. Skaer, Eureka
Donna E. Sweet, Wichita
L. Christine Faulk, UKSM-Wichita

Nominating
Arthur D. Snow, Jr., Shawnee Mission, *Chairman*

Peer Review (PRO)
Terry Poling, Wichita, *Chairman*
Phillip A. Godwin, Lawrence
Emil Kleinholz, Topeka
James E. Marvel, Arkansas City
Arthur D. Snow, Jr., Shawnee Mission
Douglas L. Young, Wichita

Practice Parameters
Donald W. Hatton, Lawrence, *Chairman*
Stuart C. Averill, Topeka
Richard R. Brummett, Kansas City
Dean Collins, Topeka
Craig Concannon, Beloit
Ronald B. Davis, Wichita
James L. Donley, Shawnee Mission
Roger D. Warren, Hanover
Joel T. Weigand, Wellington
Anne Wigglesworth, Manhattan

Professional Liability
Jimmie A. Gleason, Topeka, *Chairman*
Larry R. Anderson, Wellington
Ronald C. Brown, Wichita
Maurice R. Cashman, Jr., Topeka
M. Martin Halley, Topeka
John L. Kiser, Wichita
Stephen F. Miller, Parsons
Daniel K. Roberts, Wichita
Jay S. Schukman, Kansas City, MO
A. K. Tayiem, Atchison

Professional Practices Review
Stuart C. Averill, Topeka
Maurice R. Cashman, Jr., Topeka
Edward J. Fitzgerald, Wichita
Ward A. McClanahan, Wichita
Angela M. Meyer, Wichita
Tom C. Simpson, Sterling

SRS Liaison
Phillip A. Godwin, Lawrence, *Chairman*
Stuart C. Averill, Topeka
Paul M. Bassett, Topeka
Leslie E. Becker, Kansas City
Barry T. Bloom, Wichita
Daniel J. Caliendo, Wichita
James L. Casey, Hutchinson
Frank H. Griffith, Salina

THE FRANCIS A. COUNTWAY LIBRARY OF MEDICINE BOSTON, MA SEP 29 1994

EXTRA COPIES

Additional copies of this directory are available. Why not keep one near every phone in your office?

The price for members is $21.18 each; $52.95 each for non-members. These prices include sales tax. There is no additional charge for shipping.

To order, write or call Mary Ann Starbuck at:

Kansas Medical Society
623 SW 10th Ave.
Topeka, KS 66612-1627

913-235-2383, or 800-332-0156

HIGH-QUALITY HUNTING FOR DISCERNING SPORTSMEN

WILD AND RELEASED PHEASANT, WILD QUAIL

Do-it-yourself to full-service hunts, $150-$350. Includes use of roomy, comfortable lodge and kitchen facilities.

• Excellent birds on 3,000 acres of mixed grass, cropland and creek bottoms along Shoo Fly Watershed.

• Small groups & individual hunter attention our specialty.



For more information, call:
Allan Helsel, President
The Hunnewell Hunting Club
RR1, Box 9
South Haven, KS 67140

316-892-5821 (9-3, M-F)
316-892-5869 (after 7:30 p.m., any day)

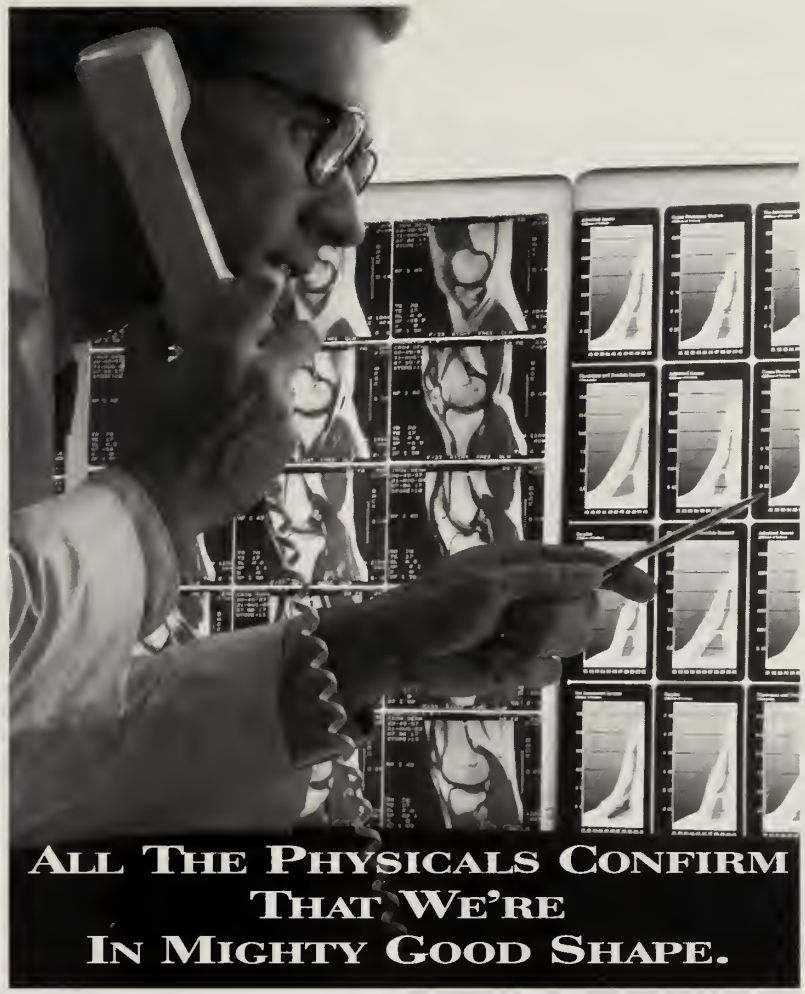
Charles A. Isaac, Newton
Joseph T. Philipp, Manhattan
Shelby D. Rose, Wichita
Wayne E. Spencer, Topeka
Dannie M. Thompson, Kansas City

State Meeting Planning
Cranston J. Cederlind, Shawnee Mission, *General Chmn.*
David B. Owens, Shawnee Mission, *Education Program Chmn.*
Thomas B. Coulter, Shawnee Mission, *Sports Day Co-Chmn.*
Charles M. Striebinger, Shawnee Mission, *Sports Day Co-Chmn.*
Glendon G. Cox, Shawnee Mission
Ann Huseman, Shawnee Mission, *Alliance Chmn.*

Third-Party Payor Liaison
Terry L. Poling, Wichita, *Chairman*
Craig A. Concannon, Beloit
Robert D. Durst, Jr., Topeka
James D. Gardner, Manhattan
Frank H. Griffith, Salina
Kent E. Palmberg, Topeka
Mark A. Praeger, Lawrence
Rick D. Schoeling, Arkansas City
Douglas L. Young, Wichita

UKSM Liaison
Donald R. Brada, Wichita, *Chairman*
Glendon G. Cox, Shawnee Mission
Robert A. Gollier II, Ottawa
Rick Kellerman, Salina
Richard Meidinger, Topeka
Linda D. Warren, Hanover

Young Physicians Liaison
Kevin C. Hoppock, Wichita



Examine our performance and you'll agree. Membership was up again last year, passing 17,000. Total premiums written surpassed $165 million. Policyholders' surplus in excess of $50 million. Healthy numbers, confirmed by insurance auditors, and an A.M. Best Rating of B+(Very Good). We have a strong financial position, increasing market share and competitive pricing. A solid foundation for your future. For more information, call us at 1-800-228-2335.

THE P•I•E MUTUAL INSURANCE COMPANY

North Point Tower
1001 Lakeside Avenue
Cleveland, Ohio 44114
800-228-2335

Beimdiek Insurance Agency
303 West Third Street
Carthage, Missouri 64836
417-358-4007

Insurance Management Corporation (IMC)
IMC Plaza, 4333 Madison Avenue
Kansas City, Missouri 64111
816-756-1410
800-279-7500

Sopyla & Associates
P.O. Box 22531
Kansas City, Missouri 64113
816-444-3228

Information for Authors

Manuscripts must be typewritten, double-spaced, leaving wide margins. The original plus one copy should be submitted. Manuscripts are received with the explicit understanding that they are not simultaneously under consideration by any other publication. Publication elsewhere may be subsequently authorized at the discretion of the editor.

Brief, concise **articles** are preferred; an ideal manuscript will not exceed five double-spaced pages. All material will be edited by the editorial staff to assure clarity, good grammar and appropriate language, and to conform to KANSAS MEDICINE style and format. When feasible, material may be condensed.

The author will be asked to review the **galley proof** prior to publication. Although editing and proofreading will be done with care, the author is responsible for accuracy of material published. The galley proof is for correction of ERRORS; rewriting of material *must* be done prior to submission. Authors are urged to check manuscripts and galley proof carefully for errors that could result in inaccurate information.

Drugs should be referred to by generic names; trade names may follow in parentheses if useful. All **units of measure** must be given in the metric system.

KANSAS MEDICINE will print a maximum of **ten references.** All references should be keyed with superscripts in the text in the order cited. If more than ten sources are cited, readers will be referred to the author for the complete list.

Illustrative material must be identified by its referral number in the text and be accompanied by a short legend. **Photos** should be black-and-white glossy prints. **Tables** should be self-explanatory and should supplement, not duplicate, the text.

KANSAS MEDICINE will assume the cost of black-and-white figures and tables for two units. A unit is defined as ¼ page. The author(s) will be billed for additional units at cost.

A **reprint** order form with a table showing estimated cost will be sent with the galley proof. Reprints must be ordered by the author through KANSAS MEDICINE, and will be billed to the author following shipment.

AMERICAN MEDICAL ASSOCIATION

Principles of Medical Ethics

Preamble:

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility not only to patients, but also to society, to other health professionals, and to self. The following Principles adopted by the American Medical Association are not laws, but standards of conduct which define the essentials of honorable behavior for the physician.

I. A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity.

II. A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception.

III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.

IV. A physician shall respect the rights of patients, of colleagues, and of other health professionals, and shall safeguard patient confidences within the constraints of the law.

V. A physician shall continue to study, apply and advance scientific knowledge, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services.

VII. A physician shall recognize a responsibility to participate in activities contributing to an improved community.

(As revised by the AMA House of Delegates, July 1980. For a detailed discussion of these principles, see the 1992 edition of *Current Opinions,* published by and available from the AMA.)

How to Contact Your Legislators

U.S. CONGRESSIONAL DELEGATION

Senators:

Robert Dole, 141 Hart Senate Office Bldg., 20510, (202) 224-6521

Nancy L. Kassebaum, 302 Russell Senate Office Bldg., 20510, (202) 224-4774

Representatives:

Dan Glickman, 2371 Rayburn House Office Bldg., 20515, (202) 225-6216

Jan Meyers, 2338 Rayburn House Office Bldg., 20515, (202) 225-2865

Pat Roberts, 1126 Longworth House Office Bldg., 20515, (202) 225-2715

Jim Slattery, 2243 Rayburn House Office Bldg., 20515, (202) 225-6601

When writing, the following form is appropriate:

Senators:	*Representatives:*
The Honorable John Doe	The Honorable John Doe
United States Senate	House of Representatives
Address	Address
Dear Senator Doe:	Dear Mr. [or Ms.] Doe

THE PRESIDENT

The White House
1600 Pennsylvania Ave., N.W.
Washington, D.C. 20500
(202) 456-1414

KANSAS LEGISLATURE

To write state Senators and Representatives, the following addresses may be used:

Senators:	*Representatives:*
The Honorable John Doe	The Honorable John Doe
Senate Chambers	House of Representatives
300 SW 10th Ave.	300 SW 10th Ave.
Topeka, KS 66612	Topeka, KS 66612
Dear Senator Doe:	Dear Representative Doe:
Phone (913) 296-7300	Phone: (913) 296-7500

THE GOVERNOR

The Honorable Joan Finney
Governor's Office
300 SW 10th Ave.
Topeka, KS 66612
(913) 296-3232

Note: Some of the names above will change following the November election.

WORKERS' COMPENSATION INSURANCE

Helpful Hints on Audit Procedures

At the expiration date of your policy year, an audit is made by the insurance company to determine the actual payroll amounts, or other exposures during the year. Following this audit, an adjustment may be made that will require additional premium, or a return or credit will be ordered. Following are five tips to assist you in preparing for an audit. These sources will help the auditor:

- Payroll journal providing monthly totals and division of payroll by type of work performed.
- Individual earning records indicating the type of work performed. Gross payroll should be totaled by the quarter.
- Separate record of overtime shown by employee and totaled by class of work for the policy term involved. (Premium for Workers' Compensation is based on straight time pay for all hours worked and does not include ½ extra pay for overtime.) (Not applicable in Delaware, Pennsylvania, and Utah.)
- Certificates of Workers' Compensation Insurance for all insured sub-contractors.
- Social Security (Form 941) and State Unemployment Compensation quarterly returns.

Auditors are instructed to inform you of the date they intend to call on you or to arrange in advance for a convenient time. To assure accurate assignment of your payroll in the proper classes, it is wise for you to arrange to have someone in your organization familiar with employee job assignments available to work with the auditor during the course of the audit.

If your records are kept by an outside accounting firm, make certain the accountants are aware of the impending visit by the auditor so they will have your records available when needed. In the event the accountant is not well informed regarding the duties of various employees, you may wish to brief him/her in advance of the auditor's visit.

In the audit of your payroll for final billing purposes, you need to determine that the payroll of individual employees is assigned to the appropriate rating classification. This assures that you will be paying the correct premium.

Annual premiums in excess of a specified amount qualify for a discount which varies by state and also by the amount of premium needed to be eligible for the discount. Contact your sales representative if you have any questions about discounts or classifications.

Component Medical Societies

OFFICERS & COUNCILORS

Allen — John D. Atkin, M.D., Yates Center, President/Secretary; Charles L. Empson, M.D., Independence, Councilor; District 19

Anderson — David V. Henderson, M.D., Garnett, President; Robert L. Stevens, M.D., Garnett, Secretary; Robert A. Gollier II, M.D., Ottawa, Councilor; Mark A. Praeger, M.D., Lawrence, Alternate; District 18

Atchison — Tom L. Shriwise, M.D., Atchison, President; Wayne Wallace, Jr., M.D., Secretary; John R. Eplee, M.D., Atchison, Councilor; Vernon A. Mills, M.D., Leavenworth, Alternate; District 1

Barton — Richard Preston, M.D., Great Bend, President; Perry Schuetz, M.D., Great Bend, Secretary; Perry Schuetz, M.D., Great Bend, Councilor; District 14

Bourbon — Robert R. Nichols, M.D., Fort Scott, President; Brent Cosens, D.O., Fort Scott, Secretary; Daniel N. Pauls, M.D., Parsons, Councilor; Stephen F. Miller, M.D., Parsons, Alternate; District 4

Butler-Greenwood — Louis Morgan III, M.D., Wichita, President; Cathy N. Cooper, M.D., El Dorado, Secretary; Newton C. Smith, M.D., Arkansas City, Councilor; Benjamin White II, M.D., El Dorado, Alternate; District 8

Central Kansas — Gregory A. Woods, M.D., Hays, President; Donald Tillman, D.O., Hays, Secretary; Ward M. Newcomb, M.D., Hays, Councilor; District 13

Clay — Kent E. Erickson, M.D., Clay Center, President; Muhammad Butt, M.D., Clay Center, Secretary; Robert H. Cathey, M.D., Manhattan, Councilor; John M. Barlow, M.D., Manhattan, Alternate; District 5

Cloud — Mark Goff, M.D., Concordia, Secretary; Alan L. Kruckemyer, M.D., Salina, Councilor; District 9

Cowley — Robert W. Yoachim, M.D., Arkansas City, President; Kamran Shahzada, M.D., Arkansas City, Secretary; Newton C. Smith, M.D., Arkansas City, Councilor; Benjamin White II, M.D., Alternate; District 8

Crawford-Cherokee — F. Ronald Seglie, M.D., Pittsburg, President; Fredrick A. Tweet, M.D., Pittsburg, Secretary; Daniel N. Pauls, M.D., Parsons, Councilor; Stephen F. Miller, M.D., Parsons, Alternate; District 4

Dickinson — J. Steven Schwarting, M.D., Abilene, President; Jonas G. Bustos, M.D., Herington, Secretary; Alan L. Kruckemyer, M.D., Salina, Councilor; District 9

Douglas — Marilee K. McGinness, M.D., Lawrence, President; Mary Pat Lange, M.D., Lawrence, Secretary; Robert A. Gollier II, M.D., Ottawa, Councilor; Mark A. Praeger, M.D., Lawrence, Alternate; District 18

Flint Hills — Barbara J. Howell, M.D., Emporia, President; John Sherard, M.D., Cottonwood Falls, Secretary; Duane A. Ginavan, M.D., Emporia, Councilor; John H. Bernard, M.D., Emporia, Alternate; District 7

Ford — Carl Vierthaler, M.D., Dodge City, President; Andrew Schowengerdt, M.D., Montezuma, Secretary; Seeley T. Feldmeyer, M.D., Meade, Councilor; District 15

Franklin — Francisco Reyes, Jr., M.D., Ottawa, President; Scott Corder, M.D., Ottawa, Secretary; Robert A. Gollier II, M.D., Ottawa, Councilor; Mark A. Praeger, M.D., Lawrence, Alternate; District 18

Geary — Ronald D. Mace, M.D., Junction City, President/Secretary; Robert H. Cathey, M.D., Manhattan, Councilor; John M. Barlow, M.D., Manhattan, Alternate; District 5

Harvey — Kenneth K. Kimmel, M.D., Halstead, President; Michael Williams, M.D., Newton, Secretary; William R. Beck, M.D., Newton, Councilor; Tom C. Simpson, M.D., Sterling, Alternate; District 10

Iroquois — Gene Cannata, M.D., Greensburg, President; Donald D. Goering, M.D., Coldwater, Secretary; Seeley T. Feldmeyer, M.D., Meade, Councilor; District 15

Johnson — Richard Huseman, M.D., Shawnee Mission, President; Charles Striebinger, M.D., Shawnee Mission, Secretary; Lawrence D. Riffel, M.D., Shawnee Mission, Councilor; Cranston J. Cederlind, M.D., Shawnee Mission, Alternate; District 3

Labette — Uraiwan Tana, M.D., Parsons, President; Radha V. Pai, M.D., Parsons, Secretary; Daniel N. Pauls, M.D., Parsons, Councilor; Stephen F. Miller, M.D., Parsons, Alternate; District 4

Leavenworth — Mark A. Pearson, M.D., Leavenworth, President; Adnan Ashkar, M.D., Leavenworth, Secretary; John R. Eplee, M.D., Atchison, Councilor; Vernon A. Mills, M.D., Leavenworth, Alternate; District 1

McPherson — David L. Buller, M.D., McPherson, President; Richard A. Ferree, M.D., McPherson, Secretary; William R. Beck, M.D., Newton, Councilor; Tom C. Simpson, M.D., Sterling, Alternate; District 10

Miami — Robert E. Banks, M.D., Paola, President; Shari Ommen, M.D., Paola, Secretary; Robert A. Gollier II, M.D., Ottawa, Councilor; Mark A. Praeger, M.D., Lawrence, Alternate; District 18

Mitchell — Carl L. Fugate, M.D., Beloit, President; Martin B. Klenda, Jr., M.D., Beloit, Secretary; Alan L. Kruckemyer, M.D., Salina; District 9

Ninnescah — Rick W. Friesen, M.D., Pratt, President; Daniel J. Suiter, M.D., Pratt, Secretary; Daniel J. Suiter, M.D., Pratt, Councilor; L. Theil Bloom, M.D., Pratt, Alternate; District 12

Northeast Kansas — James J. Lueger, D.O., Seneca, President; Donald Argo, M.D., Marysville, Secretary; John R. Eplee, M.D., Atchison, Councilor; Vernon A. Mills, M.D., Leavenworth, Alternate; District 1

Northwest — John Rand Neuenschwander, M.D., Hoxie, President/Secretary-Treasurer; John Rand Neuenschwander, M.D., Hoxie, Councilor; John Rapp Neuenschwander, M.D., Hoxie, Alternate; District 16

Pottawatomie — (to be determined)

Reno — Mark S. Matlock, M.D., Hutchinson, President; Michael Dobbs, M.D., Hutchinson, Secretary; William R. Beck, M.D., Newton, Councilor; Tom C. Simpson, M.D., Sterling, Alternate; District 10

Republic — Duane Scott, M.D., President/Secretary; Alan L. Kruckemyer, M.D., Salina, Councilor; District 9

Rice — Roger R. Tobias, M.D., Lyons, President; Tom C. Simpson, M.D., Sterling, Secretary; William R. Beck, M.D., Newton, Councilor; Tom C. Simpson, M.D., Sterling, Alternate; District 10

Riley — Keith Wright, M.D., Manhattan, President; Leonard Aamodt, M.D., Manhattan, Secretary; Robert H. Cathey, M.D., Manhattan, Councilor; John M. Barlow, M.D., Manhattan, Alternate; District 5

Saline — Jon Richards, M.D., Salina, President; Alan Wedel, M.D., Salina, Secretary; Alan L. Kruckemyer, M.D., Salina, Councilor; District 9

Sedgwick — Douglas L. Young, M.D., Wichita, President; Douglas M. Milfeld, M.D., Wichita, Secretary; James A. Loeffler, M.D., Wichita, Councilor; Terry Klein, M.D., Wichita, Alternate; District 11

Seward — Dennis Knudsen, M.D., Liberal, President; Edmundo C. Estrada, M.D., Liberal, Secretary; Seeley T. Feldmeyer, M.D., Meade, Councilor; District 15

Shawnee — Michael D. Giessel, M.D., Topeka, President; Jesse C. Haggerty, M.D., Topeka, Secretary; Robert D. Durst, M.D., Topeka, Councilor; Robert E. Barnett, M.D., Topeka, Alternate; District 6

Southeast Kansas — James W. Wilson, M.D., Coffeyville, President; Charles L. Empson, M.D., Independence, Secretary; Charles L. Empson, M.D., Independence, Councilor; District 19

Southwest Kansas — Thomas G. Mathews, D.O., Garden City, President; John H. Gilbert II, M.D., Garden City, Secretary; Bruce D. Melin, M.D., Garden City, Councilor; District 17

Wyandotte — William D. Hoadley, M.D., Kansas City, President; William A. Anderson, M.D., Shawnee Mission, Secretary; J. Ralph Payne, M.D., Kansas City, MO, Councilor; Ira L. Cox, M.D., Kansas City, Alternate; District 2

AIDS Information

CDC National AIDS Clearinghouse	1-800-458-5231
National AIDS Hotline	
(English)	1-800-342-AIDS
(Spanish)	1-800-344-7432
(TTY/TDD)	1-800-243-7889
TEENS TAP Hotline (Trained teen educators)	1-800-234-TEEN
AIDS Clinical Trials Information	1-800-874-2572

Related Organizations

OFFICERS AND COMMITTEES

KMS Alliance

President — Nancy Craig (Charles), Newton
President-Elect — Lisa Barker (Stanton), Hutchinson
Vice Presidents — Carolyn Harrison (Paul), Wichita
Susan Concannon (Craig), Beloit
Glenda Schmidt (Ramon), Salina
Mary Woods (Greg), Hays
Recording Secretary — Fawn McDonough (David), Wichita
Treasurer — Sue Yoachim (Robert), Arkansas City

KMS Advisory Committee to the Alliance

Jimmie A. Gleason, M.D., Topeka, *Chairman*
Stanton Barker, M.D., Hutchinson
Donald R. Brada, M.D., Wichita
Craig Concannon, M.D., Beloit
Charles C. Craig, M.D., Newton
Richard Glover, M.D., Newton
Paul B. Harrison, M.D., Wichita
W. David McDonough, M.D., Wichita
Ramon Schmidt, M.D., Salina
Howard L. Wilcox, M.D., Hays
Gregory A. Woods, M.D., Hays
Robert W. Yoachim, M.D., Arkansas City

Blue Cross and Blue Shield of Kansas

Board of Directors:
Rex R. Fischer, M.D., Manhattan, OBG
Thomas C. Simpson, M.D., Sterling, FP
Medical Advisory Committee:
Thomas C. Simpson, M.D., Sterling, FP, *Chairman*
Karl E. Becker, M.D., Wichita, AN
Phil Cherven, M.D., Wichita, PD
Gary L. Counselman, D.C., Topeka
Charles C. Craig, M.D., Newton, ORS
Michael D. David, D.O., Independence
J. Roger Hall, M.D., Wichita, OPH
Deborah Haynes, M.D., Wichita, FP
Robert N. Hill, M.D., Topeka, IM
Merlin G. Kirby, M.D., Great Bend, GS
John H. Lohnes, M.D., Wichita, R
Douglas J. Milfeld, M.D., Wichita, CDTS
Steven G. Sebree, M.D., Salina, OBG
Boyd E. Smith, M.D., Salina, PATH
Tom Smith, M.D., Hutchinson, OTO
Donald L. Vine, M.D., Wichita, CD
Darrell D. Werth, M.D., Hays, U

KaMPAC Board of Directors

Frank Griffith, M.D., Salina, *Chairman*
D.W. Bell, M.D., Overland Park
C. Richard Bonebrake, M.D., Topeka
Edward J. Fitzgerald, M.D., Wichita
Jace W. Hyder, M.D., Wichita
Stephen M. Knecht, M.D., Emporia
James A. Loeffler, M.D., Wichita
Earl D. Merkel, M.D., Russell
Curtis P. Schworm, M.D., Kansas City
Robert E. Simmons, M.D., Newton
Roger D. Warren, M.D., Hanover
Kay Brada (Donald), Wichita
Terrie Browning (Jimmie), Clay Center
Dot Meyer (Warren), Wichita
Robert E. Barnett, M.D., Topeka
Randell B. Chapman, M.D., Derby
Craig A. Concannon, M.D., Beloit
Charles L. Empson, M.D., Independence
Harold J. Henning, Jr., M.D., Manhattan
John L. Kiser, M.D., Wichita
A. S. Padma Raju, M.D., Topeka
Margaret Smith, M.D., Shawnee Mission
Arthur D. Snow, Jr., M.D., Shawnee Mission
Sandra Coleman (Robert), Mission Hills
Nancy Craig (Charles), Newton
Cathy Mowry (Gerald), Manhattan
Maxine Rhodes (Ivan), Wichita
Cathy Wilcox (Howard), Hays
Wendi Knapp, Kansas City, Student

Kansas Coroners Association

President — Alan C. Hancock, M.D., Kansas City
Secretary-Treasurer — Corri May, M.D., Wichita

Kansas Foundation for Medical Care, Inc.

President — Gerald B. Pees, Jr., M.D., Lawrence
Vice President — Joseph K. Robertson, M.D., Wichita
Secretary — Douglas L. Young, M.D., Wichita
Treasurer — Joseph T. Philipp, M.D., Manhattan
Chief Executive Officer — Larry W. Pitman

Kansas Medical Group Management Assoc.

President — Doug Kaufman, Wichita
President-Elect — Jim Lockhart, Wichita
1st Vice President — Kay Gerken, Wichita
2nd Vice President — Cindy Hasler, Lawrence
Secretary — Diana Jarvis, Topeka
Treasurer — Barbara Hanzlicek, Hutchinson

Kansas State Board of Healing Arts

Donald Bletz, M.D., Overland Park, *President* ('96)
C.J. Conrady, Anthony ('98)
Sergio Delgado, M.D., Topeka ('96)
James D. Edwards, D.C., Emporia ('97)
Howard D. Ellis, M.D., Leawood ('95)
Edward J. Fitzgerald, M.D., Wichita ('96)
John P. Gravino, D.O., Lawrence ('96)
Graciela A. Marion, Eudora ('95)
Laurel H. Rickard, Medicine Lodge ('97)
John P. White, D.O., Pittsburg ('96)
Ronald N. Whitmer, D.O.,Ellsworth ('95)
Anne Wigglesworth, M.D., Manhattan ('96)
Rex Wright, D.C., Topeka, ('95)
Donald D. Yoder, D.P.M., Wichita ('96)
Ronald J. Zoeller, D.C., ('94)

Mediserve

Delbert L. Larson, M.D., Hiawatha
Lora Siegle, M.D., Council Grove

Specialty Societies

Kansas Allergy Society
President — Ronald E. Weiner, Lawrence
Delegate to KMS — Ronald E. Weiner, Lawrence

Kansas Society of Anesthesiologists
President — Katherine Latimer, Wichita
President-Elect — Gregory K. Unruh, Kansas City
Secretary — John M. Losee, Wichita
Treasurer — James D. Kindscher, Kansas City

American College of Cardiology
Governor for Kansas — Roger J. Dreiling, Shawnee Mission

Kansas Dermatology Society
President — Holly Fritch Kirby, Leawood
Representative to American Academy of Dermatology — Robert D. Durst, Topeka

Kansas Chapter, American College of Emergency Physicians
President — John Jeter, Kansas City
Vice President — Kevin Koch, Shawnee Mission
Secretary-Treasurer — John Jones, Wichita

Kansas Chapter, American Academy of Family Physicians
President — Richard Watson, McPherson
President-Elect — Dennis Tietze, Topeka
Vice President — Diane D. Klingman, Wichita
Secretary — John Ryan, Marysville
Treasurer — Todd A. Miller, Wichita
Executive Director — Carolyn Gaughan, Wichita

Kansas Society of Internal Medicine
President — Craig Concannon, Beloit
Secretary-Treasurer — (to be determined)

Section on Nuclear Medicine
President — David F. Preston, Kansas City
Secretary-Treasurer — Stephen J. Tempero, Topeka
Delegate to KMS — Richard Meidinger, Topeka

Kansas Section, American College of Obstetricians and Gynecologists
Chairman — John W. Calkins, Kansas City
Vice Chairman — James E. Delmore, Wichita
Secretary-Treasurer — William T. King, Great Bend
Delegate to KMS — John W. Calkins, Kansas City

Kansas State Ophthalmology Society
President — Joseph T. Philipp, Manhattan
Vice President — Thomas L. McDonald, Hays
Secretary-Treasurer — Jemshed Khan, Leawood
Councilor to the Academy — Perry N. Schuetz, Great Bend
Delegate to KMS — (currently vacant)
Executive Director — Rebecca Rice, Topeka

Kansas Orthopedic Society
President — Howard L. Wilcox, Jr., Hays
President-Elect — Michael Schmidt, Topeka
Secretary-Treasurer — Kenneth Gimple, Topeka
Executive Secretary — Douglas W. Bowen, 631 Horne, Topeka, 66606; 913-233-7491

Section on Otolaryngology
President — Stephen L. Segebrecht, Lawrence
Vice President — Norman Fordyce, Emporia
Secretary-Treasurer — Mark G. Bell, Salina

Kansas Society of Pathologists
President — Dwight K. Oxley, Wichita
President-Elect — Mary L. Nielsen, Wichita
Vice President — Carol A. Moddrell, Lawrence
Secretary-Treasurer — Raymond G. Hawley, Wichita

Kansas Chapter, American Academy of Pediatrics
President — Greta S. McFarland, Chanute
Vice President — Dennis Cooley, Topeka
Treasurer — Robert Cox, Hays
Executive Director — Chris Steege

Kansas Psychiatric Society, A District Branch of the American Psychiatric Association
President — Manuel Pardo, Shawnee Mission
Executive Secretary — Jo Ann Klemmer, c/o KMS, 623 SW 10th, Topeka 66612; 913-235-3619

Kansas Radiological Society, A Chapter of The American College of Radiology
President — Richard A. Ahlstrand, Wichita
Vice President — James W. Owen III, Topeka
Secretary-Treasurer — Russell C. Harvey, Topeka
ACR Councilors — Ira L. Cox III, Kansas City
John D. Gay, Topeka

Kansas Chapter, American College of Surgeons
President — Douglas J. Milfeld, Wichita
President-Elect — Mark A. Praeger, Lawrence
Secretary-Treasurer — S. Dwight Woods, Kansas City
Governor — Paul H. Kindling, Topeka
Executive Director — Harold E. Riehm, Topeka

Kansas Urological Society
President — Fred A. Freeman, Manhattan
Secretary-Treasurer — W. David McDonough, Wichita

Hospitals • State Institutions • Poison Control Centers Home Health Agencies • Genetic Counseling Centers

COMMUNITY HOSPITALS

Abilene — Memorial, 511 N.E. 10th Street 67410 — 913/263-2100

Anthony — Hospital District #6 of Harper County, 1101 E. Spring Street 67003 — 316/842-5111

Arkansas City — Arkansas City Memorial, P.O. Box 1107 67005 — 316/442-2500

Ashland — Ashland District, 709 Oak 67831 — 316/635-2241

Atchison — Atchison, 1301 N. Second 66002 — 913/367-2131

Atchison — Atchison Valley Hope Alcoholism & Drug Treatment Center, P.O. Box 312 66002 — 913/367-1618

Atwood — Rawlins County, P.O. Box 47 67730 — 913/626-3211

Augusta — Augusta Medical Complex, P.O. Box 430 67010 — 316/775-5421

Belleville — Republic County, 2420 G Street 66935 — 913/527-2255

Beloit — Mitchell County Community, P.O. Box 399 67420 — 913/738-2266

Burlington — Coffey County, P.O. Box 189 66839 — 316/364-2121

Caldwell — Sumner County District #1, 601 South Osage Street 67022 — 316/845-6492

Cedar Vale — Cedar Vale Community, 501 Cedar P.O. Box 398 67024 — 316/758-2266

Chanute — Neosho Memorial Reg. Med. Ctr., 629 S. Plummer 66720 — 316/431-4000

Clay Center — Clay County, 617 Liberty 67432 — 913/632-2144

Coffeyville — Coffeyville Reg. Med. Ctr., P.O. Box 856 67337 — 316/251-1200

Colby — Citizens Medical Center, 100 E. College Drive 67701 — 913/462-7511

Coldwater — Comanche County, Second & Frisco 67029 — 316/582-2144

Columbus — Maude Norton Memorial City, 220 N. Pennsylvania 66725 — 316/429-2545

Concordia — St. Joseph, 1100 Highland Drive 66901 — 913/243-1234

Council Grove — Morris County, P.O. Box 275 66846 — 316/767-6811

Dighton — Lane County, P.O. Box 969 67839 — 316/397-5321

Dodge City — Western Plains Regional, P.O. Box 1478 67801 — 316/225-8400

El Dorado — Susan B. Allen Memorial, 720 West Central Ave. 67042 — 316/321-3300

Elkhart — Morton County, P.O. Box 937 67950 — 316/697-2141

Ellinwood — Ellinwood District, 605 North Main 67526 — 316/564-2549

Ellsworth — Ellsworth County Drawer 87 67439 — 913/472-3111

Emporia — Newman Memorial County, 1201 West 12th Ave. 66801 — 316/343-6800

Eureka — Greenwood County, 100 West 16th Street 67045 — 316/583-7451

Fort Scott — Mercy, 821 Burke Street 66701 — 316/223-2200

Fredonia — Fredonia Regional, P.O. Box 579 66736 — 316/378-2121

Garden City — St. Catherine, 410 East Walnut 67846-5672 — 316/272-2222

Gardner — Meadowbrook, 427 West Main 66030 — 913/884-8711

Garnett — Anderson County, P.O. Box 309 66032 — 913/448-3131

Girard — Hospital District #1, 302 N. Hospital Drive 66743 — 316/724-8291

Goodland — Northwest Kansas Regional Medical Center, P.O. Box 540 67735 — 913/899-3625

Great Bend — Central Kansas Medical Center, 3515 Broadway 67530 — 316/792-2511

Greensburg — Kiowa County Memorial, 501 S. Walnut 67054-0616 — 316/723-3341

Halstead — Paracelsus Halstead, 328 Poplar 67056 — 316/835-2651

Hanover — Washington County District #1, P.O. Box 38 66945 — 913/337-2214

Harper — Harper County District #5, 1204 Maple 67058 — 316/896-7324

Hays — Hays Medical Center, P.O. Box 660 67601-2323 — 913/625-7301

Herington — Herington Municipal, 100 East Helen 67449 — 913/258-2207

Hiawatha — Hiawatha Community, 300 Utah 66434 — 913/742-2131

Hill City — Graham County, P.O. Box 339 67642 — 913/674-2121

Hillsboro — Salem, 701 South Main 67063 — 316/947-3114

Hoisington — Clara Barton, 250 West 9th 67544 — 316/653-2114

Holton — Holton Community, 510 Kansas Ave. 66436 — 913/364-2116

Horton — Horton Community, P.O. Box 191 66439 — 913/486-2642

Hoxie — Sheridan County, P.O. Box 167 67740-0167 — 913/675-3281

Hugoton — Stevens County, P.O. Box 10 67951 — 316/544-8511

Hutchinson — Hutchinson Hospital Corp., 1701 E. 23rd Ave. 67502 — 316/665-2000
Independence — Mercy, P.O. Box 388 67301 — 316/331-2200
Iola — Allen County, 101 South 1st 66749 — 316/365-3131
Jetmore — Hodgeman County Health Center, P.O. Box 367 67854 — 316/357-8361
Johnson — Stanton County, P.O. Box 779 67855 — 316/492-6250
Junction City — Geary Community, P.O. Box 490 66441 — 913/238-4131
Kansas City — Bethany Medical Center, 51 North 12th 66102 — 913/281-8400
Kansas City — Providence Medical Center, 8929 Parallel Parkway 66112 — 913/596-4000
Kansas City — University of Kansas Medical Center, 3901 Rainbow Blvd. 66160-7200 — 913/588-5000
Kingman — Kingman Community, P.O. Box 376 67068 — 316/532-3147
Kinsley — Edwards County, P.O. Box 99 67547 — 316/659-3621
Kiowa — Kiowa District, 810 Drumm Street 67070 — 316/825-4131
La Crosse — Rush County Memorial, Eighth & Locust 67548 — 913/222-2545
Lakin — Kearny County, P.O. Box 744 67860 — 316/355-7111
Lawrence — Lawrence Memorial, 325 Maine Street 66044 — 913/749-6100
Leavenworth — Cushing Memorial, 711 Marshall 66048 — 913/684-1100
Leavenworth — Saint John, 3500 South 4th 66048-5092 — 913/682-3721
Leoti — Wichita County, P.O. Box 968 67861 — 316/375-2233
Liberal — Southwest Medical Center, P.O. Box 1340 67905-1340 — 316/624-1651
Lincoln — Lincoln County, 624 North 2nd 67455 — 913/524-4403
Lindsborg — Lindsborg Community, 605 West Lincoln 67456 — 913/227-2911
Lyons — Rice County District #1, 619 South Clark 67554 — 316/257-5173
Manhattan — Memorial, P.O. Box 1208 66502 — 913/776-3300
Manhattan — Saint Mary, P.O. Box 1047 66502 — 913/776-3322
Mankato — Jewell County, P.O. Box 327 66956 — 913/378-3137
Marion — St. Luke, 1014 East Melvin 66861 — 316/382-2177
Marysville — Community Memorial, 708 N. 18th Street 66508 — 913/562-2311
McPherson — Memorial, 1000 Hospital Drive 67460 — 316/241-2250
Meade — Meade District, P.O. Box 680 67864 — 316/873-2141
Medicine Lodge — Medicine Lodge Memorial, 710 North Walnut 67104 — 316/886-3771
Minneapolis — Ottawa County, P.O. Box 209 67467 — 913/392-2122
Minneola — Minneola District, P.O. Box 127 67865-0127 — 316/885-4264
Moundridge — Mercy, P.O. Box 180 67107 — 316/345-6391
Neodesha — Wilson County, P.O. Box 360 66757 — 316/325-2611
Ness City — Ness County District #2, 312 Custer 67560 — 913/798-2291
Newton — Newton Medical Center, P.O. Box 308 67114 — 316/283-5200 or 316/283-2700
Norton — Norton County, P.O. Box 250 67654 — 913/877-3351
Norton — Valley Hope Alcoholism Treatment Center, P.O. Box 510 67654-0510 — 913/877-5101
Oakley — Logan County, 211 Cherry Street 67748 — 913/672-3211
Oberlin — Decatur County, P.O. Box 268 67749 — 913/475-2208
Olathe — Olathe Medical Center, 215 West 151st Street 66061 — 913/791-4200
Onaga — Community, 120 West 8th Street 66521 — 913/889-4274
Osborne — Osborne County Memorial, 424 W. New Hampshire 67473 — 913/346-2121
Ottawa — Ransom Memorial, 1301 S. Main 66067 — 913/242-3344
Overland Park — Overland Park Regional Med. Ctr., P.O. Box 15959 66215 — 913/541-5000
Overland Park — Mid-America Rehabilitation, 5701 West 110th Street 66211 — 913/491-2400
Paola — Miami County, P.O. Box 365 66071 — 913/294-2327
Parsons — Labette County Medical Center, P.O. Box 956 67357 — 316/421-4880
Phillipsburg — Phillips County, P.O. Box 607 67661 — 913/543-5226
Pittsburg — Mt. Carmel Medical Center, 1102 E. Centennial 66762 — 316/231-6100
Plainville — Plainville Rural, 304 South Colorado 67663 — 913/434-4553
Pratt — Pratt Regional Medical Center, Third & Commodore 67124 — 316/672-6476
Quinter — Gove County Med. Ctr., P.O. Box 129 67752 — 913/754-3341
Ransom — Grisell Memorial Hospital District #1, P.O. Box 268 67572 — 913/731-2231
Russell — Russell Regional, 200 S. Main 67665 — 913/483-3131
Sabetha — Sabetha Community, P.O. Box 229 66534 — 913/284-2121
St. Francis — Cheyenne County, P.O. Box 547 67756 — 913/332-2104
Salina — Asbury-Salina Regional Medical Center, P.O. Box 5080 67402-5080 — 913/827-4411

Salina — St. John's Reg. Health Center, P.O. Box 5201 67402-5201 — 913/827-5591
Satanta — Satanta District, P.O. Box 159 67870 — 316/649-2761
Scott City — Scott County, 310 East 3rd 67871 — 316/872-5811
Sedan — Sedan City, P.O. Box C 67361 — 316/725-3115
Seneca — Nemaha Valley Community, 1600 Community Drive 66538 — 913/336-6181
Shawnee Mission — Shawnee Mission Medical Center, 9100 West 74th Street, P.O. Box 2923 66201 — 913/676-2000
Smith Center — Smith County Memorial, 614 South Main Street 66967 — 913/282-6845
Stafford — Stafford District, P.O. Box 190 67578-0190 — 316/234-5221
Syracuse — Hamilton County, P.O. Box 909 67878 — 316/384-7461
Topeka — Kansas Rehabilitation Hospital, 1504 SW 8th 66606 — 913/235-6600
Topeka — St. Francis Hospital & Medical Center, 1700 West 7th 66606 — 913/295-8000
Topeka — Stormont-Vail Regional Medical Center, 1500 West 10th 66604-1353 — 913/354-6000
Tribune — Greeley County, P.O. Box 338 67879 — 316/376-4221
Ulysses — Bob Wilson Memorial Grant County, 415 North Main 67880 — 316/356-1266
WaKeeney — Trego County-Lemke Memorial, 320 Thirteenth Street 67672 — 913/743-2182
Wamego — Wamego City, 711 Genn Drive 66547 — 913/456-2295
Washington — Washington County, 304 East 3rd Street 66968 — 913/325-2211
Wellington — St. Lukes, 1323 North A Street 67152 — 316/326-7451
Wellington — Wellington Hospital & Clinic, 924 S. Washington Ave. 67152 — 316/326-3353
Westmoreland — Dechairo Hospital, Inc., First & North Streets 66549 — 913/457-3311
Wichita — Riverside, 2622 West Central Avenue 67203-4999 — 316/946-5000
Wichita — St. Francis Regional Medical Center, 929 N. St. Francis 67214-3882 — 316/268-5000
Wichita — St. Joseph Medical Center, 3600 East Harry Street 67218 — 316/685-1111
Wichita — HCA Wesley Medical Center, 550 North Hillside 67214 — 316/688-2468
Wichita — HCA Wesley Rehabilitation Center, 8338 W. 13th St. 67212 — 316/729-9999
Wichita — Healthsouth Rehabilitation Hosp., 1151 N. Rock Rd. 67206 — 316/634-3400
Winchester — Jefferson County Memorial, RR1, Box 1, 66097 — 913/774-4340
Winfield — William Newton Memorial, 1300 East 5th 67156 — 316/221-2300

PSYCHIATRIC INSTITUTIONS

Ellsworth — St. Francis at Ellsworth, Inc., P.O. Box 127 67439 — 913/472-4453
Lenexa — CPC College Meadows, 14425 College Boulevard 66215 — 913/469-1100
Newton — Prairie View, Inc., P.O. Box 467 67114 — 316/283-2400
Olathe — The Kansas Institute, 555 E. Santa Fe 66061 — 913/451-1700
Overland Park — The Kansas Institute, 5808 W. 110th St., P.O. Box 11290, Shawnee Mission 66207-0290 — 913/451-1700
Overland Park — Charter Hospital, 8000 W. 127th Street 66225 — 913/897-4999
Salina — St. Francis at Salina, 5097 W. Cloud 67401 — 913/825-0563
Topeka — C. F. Menninger Memorial, P.O. Box 829 66601 — 913/273-7500
Topeka — Parkview, 3707 SW 6th 66606 — 913/235-3000
Wichita — Charter Hospital-Wichita, 8901 E. Orme 67207 — 316/686-5000

STATE INSTITUTIONS

Kansas City — Rainbow Mental Health Facility, 2205 W. 36th Street 66103 — 913/384-1880
Larned — Larned State, R.R. 3, Box 89 67550-9365 — 316/285-2131
Osawatomie — Osawatomie State, P.O. Box 500 66064 — 913/755-3151
Parsons — Parsons State Hospital & Training Center, P.O. Box 738 67357 — 316/421-6550
Topeka — Kansas Neurological Institute, 3107 West 21st Street 66604-3298 — 913/296-5301
Topeka — Topeka State, 2700 West 6th Street 66606-1898 — 913/296-4596
Winfield — Winfield State Hosp. & Trng. Ctr., 1320 N. McCabe 67156 — 316/221-1200

GOVERNMENT HOSPITALS

Ft. Leavenworth — U.S. Munson Army Community, Pope & Biddle Ave. 66027-5400 — 913/684-6000
Ft. Riley — Irwin Army Community, Building 600 66442-5037 — 913/239-7102 or 7720
Leavenworth — D.D. Eisenhower Veterans Affairs Medical Center, 4101 S. 4th St. Trafficway 66048 — 913/682-2000
Topeka — Colmery-O'Neil V.A. Medical Center, 2200 Gage 66622 — 913/272-3111
Wichita — 384th Medical Group, McConnell Air Force Base, 67221-5300 — 316/652-5000
Wichita — Dept. of Veterans Affairs, 5500 E. Kellogg 67218 — 316/685-2221

POISON CONTROL CENTERS

Mid-America Poison Control Information Center — KUMC-Kansas City — 1-800-332-6633
Antivenin Index Center — 405/271-5454

Atchison — Atchison Hospital — 913/367-2131
Emporia — Newman Memorial Hospital — 316/343-6800, ext. 541
Fort Scott — Mercy Hospital — Day: 316/223-3100; Night: 316/223-2200
Great Bend — Central Kansas Medical Center — Day: 316/793-3523; Night: 316/792-2511
Kansas City — UKSM — 913-588-6633 — Greater Kansas City Area
Parsons — Labette County Medical Center — 316/421-4880
Salina — St. John's Hospital — 913/827-3187
Topeka — St. Francis Hospital — 913/295-8095
Topeka — Stormont-Vail Hospital — 913/354-6100 or 354-6106
Wichita — HCA Wesley Medical Center — 316/688-2222

HOME HEALTH AGENCIES

Abilene 67410
Abilene Nursing Center, 705 N. Brady — 913/263-2931
Dickinson County, 511 NE 10th — 913/263-2100
Andover 67002
New England Critical Care, 803 N. Andover Rd. — 316/686-2444
Anthony 67003
Harper County, Court House — 316/842-5264
Atwood 67730
Rawlins County, 607 Main — 913/626-3968
Beloit 67420
North Central Kansas, 400 W. 8th, Box 217 — 913/738-5175
Burlington 66839
Coffey County, Court House — 316/364-8631
Chanute 66720
Neosho Memorial Hospital, 629 S. Plummer — 316/431-4000
Clay Center 67432
Clay County, 617 Liberty — 913/632-3646
Coffeyville 67337
Health Care Services/Montgomery County, 808 Willow, Box 586 — 316/251-7161
Montgomery County, City Building, 604 Union Street — 316/251-4210
Colby 67701
Far Northwest, 210 S. Range, P.O. Box 667 — 913/462-3335
Columbus 66725
Maude Norton, 220 N. Pennsylvania — 316/429-2545
Concordia 66901
Cloud County, Courthouse, P.O. Box 142 — 913/243-3588
Council Grove 66846
Morris County, Court House — 316/767-5175
Dodge City 67801
Trinity, 1107 6th, P.O. Box 788 — 316/227-8133
Downs 67437
Downs Nursing Center, 1218 Kansas — 913/454-3329
El Dorado 67042
Bi-County Health Department, Butler County Courthouse — 316/321-3400
Butler-Greenwood County, 720 W. Central — 316/321-3300
Ellsworth 67439
Ellsworth County Court House — 913/472-4234
Emporia 66801
Lyon County/Emporia City, 402 Commercial — 316/342-4864
Newman Memorial County Hospital, 1201 W. 12th — 316/343-6800
Fort Scott 66701
Mercy Hospital, 821 Burke — 316/223-2200
Fredonia 66736
Wilson County, 7th & Madison — 316/378-2324
Goodland 67735
Connie's, Route 2, East 8th — 913/899-3147
Sherman County, 1st & Sherman — 913/899-3625
Great Bend 67530
Barton County, 1410 Polk — 316/793-7879
Golden Belt, 3600 Broadway — 316/793-3593
Independence 67301
Mercy Home Health Care, Mercy Hospital — 316/331-2200 Ex. 636
Kansas City
Clinicare Family Health Services, Inc., 510 Southwest Blvd., P.O. Box 3106 66103 — 913/262-6068
Crossland Rehabilitation Agency, 6111 Leavenworth 66104 — 913/334-2005
Catholic Social Services, 229 S. 8th 66101 — 913/621-1504
Visiting Nurse Association, 906 N. 17th 66102 — 913/371-3770
Kingman 67068
Kingman County, Court House — 316/532-2221
Larned 67550
Pawnee County, Court House — 316/285-6963
Lawrence 66044
Douglas County Visiting Nurses Association, 336 Missouri, Suite 201 — 913/843-3738

Leavenworth 66048
Leavenworth City-County Health Department, 422 Walnut — 913/682-0245
Leoti 67861
Wichita County Community, P.O. Box 968 — 316/375-2289
Liberal 67905
Southwest Medical Center, P.O. Box 1340 — 316/624-1651
Lyons 67554
Rice County, Court House — 316/257-2359
Manhattan 66502
Manhattan-Riley County, 616 Poyntz — 913/776-4779
Riley Cty. Health Homemaker Services, 219 S. Seth Childs Road — 913/537-0688
Marion 66861
Marion County, 1014 E. Melvin — 316/382-2177
Marysville 66508
Community Memorial Hospital, 708 N. 18th — 913/562-2311
McPherson 67460
McPherson County, 119 N. Maple, P.O. Box 428 — 316/241-1753
Medicine Lodge 67104
Barber County, 710 N. Walnut — 316/886-3294
Minneapolis 67467
Ottawa County, Court House — 913/392-2822
Newton 67114
Harvey County, 8th & Main — 316/283-7232
Norton 67654
P.R.N., East Holme & North Norton — 913/877-2810
Oberlin 67749
Decatur County, 504 N. Penn — 913/475-2222
Oskaloosa 66066
Jefferson County, Court House — 913/863-2447
Oswego 67356
Oswego City Hospital, Rt. 2, Box 10A — 316/795-2921
Ottawa 66067
Franklin County, 13th & S. Main — 316/242-1873
Paola 66071
Miami County, 116 S. Pearl — 913/294-2433
Parsons 67357
Labette County, S. 21st, P.O. Box 786 — 316/421-4350
Phillipsburg 67661
Phillips County, Court House — 913/543-2179

KMS Committee on Physician Impairment and Advocacy

This program provides a confidential, reliable and effective means for the medical profession to identify, evaluate, refer for treatment and monitor those physicians whose ability to practice is impaired. For information, please contact the KMS office or the contact person in your area, listed below:

H. Mikel Thomas, M.D.; Judith A. Janes, CCDP 1-800-254-2460
Emergency Pager 913-295-0523

Joseph Bosiljevac, M.D., Emporia.....316-343-7043
Veltin J. Boudreaux, M.D., Wichita.....316-772-5000
George Dyck, M.D., Wichita 316-261-2647
Rodney Jones, M.D., Wichita 316-634-2696
Connie M. Marsh, M.D., Wichita 316-264-3222
Stephen F. Miller, M.D., Parsons 316-421-0600
W. Lee Murray, M.D., Shawnee Mission, Chairman 913-444-2900
C. Erik Nye, M.D., Shawnee Mission 913-362-8317
Virginia L. Tucker, M.D., KUMC 913-588-5908
Larry D. Vande Garde, M.D., Topeka 913-233-5101
Eric A. Voth, M.D., Topeka 913-354-9591
Wayne O. Wallace, Jr., M.D., Atchison 913-367-7300

Pittsburg 66762
Crawford County, Centennial & Rouse — 316/231-5411
Pratt 67124
Pratt County, 127 S. Howard — 316/672-7436
Sabetha 66534
Nemaha County, 716 S. 11th — 913/284-2288
Salina 67401
Salina-Saline County, 300 W. Ash — 913/827-9376
Shawnee Mission
Always Better Care, Inc., 10111 Santa Fe Drive 66212 — 913/888-4447
Home Health-Home Care, Inc., 8900 State Line, Suite 332 66206 — 913/341-8830
Medical Personnel Pool of Kansas City, 7600 State Line, Suite 200 66208 — 913/341-2181
Stockton 67669
Rooks County, Court House — 913/425-7352
Topeka
Topeka-Shawnee County, 1615 SW 8th 66606 — 913/235-5033
Associated Healthfocus, 1925 SW 6th, 66606 — 913/232-1253
Troy 66087
Doniphan County, Court House, P.O. Box 201 — 913/985-3886
Ulysses 67880
Bob Wilson Memorial, 415 N. Main — 316/356-1266
Washington 66968
Washington County, 115 W. 3rd — 913/325-2600
Wellington 67152
Sumner County, Court House — 316/326-2774
Westmoreland 66549
Pottawatomie Cty., 320 Main — 913/457-3719
Wichita
Agency for Home Health Care of Kansas, 3333 E. Central, Suite 503 67208 — 316/681-1632
Kansas Masonic Home, 401 S. Seneca 67213 — 316/267-0271
Kimberly Quality Care, 434 N. Oliver 67208 — 316/687-3534
Medical Personnel Pool, 1035 Parklane 67218 — 316/686-3388
Professional Care Associates, 959 N. Emporia, Suite 303 67214 — 316/268-8588
Wesley Care, 550 N. Hillside 67214 — 316/688-7272
Wichita-Sedgwick County, 1900 E. 9th 67214 — 316/268-8433
Winfield 67156
William Newton Memorial Hospital, 1300 E. 5th — 316/221-2300

GENETIC COUNSELING CENTERS

Emporia — Genetic Outreach Clinic, 316/688-2362 (Wichita)
Garden City — Genetic Outreach Clinic, 316/688-2362 (Wichita)
Great Bend — Genetic Outreach Clinic, 316/688-2362 (Wichita)
Hays — Area Health Education Center — 913/628-6128
Kansas City — Department of Endocrinology, Division of Genetics, KUMC, 3901 Rainbow Blvd., Kansas City, KS 66160-7318 — 913/588-6043, R. Neil Schimke, M.D., Director; Debra L. Collins, M.S., Genetic Counselor
Parsons — Genetic Outreach Clinic, 316/688-2362 (Wichita)
Wichita — Genetic Clinic, Department of Pediatrics, UKSM-Wichita, 1010 N. Kansas, Wichita, 67214 — 316/261-2622
Wichita — Genetic Services, HCA Wesley Medical Center/UKSM-Wichita, 550 N. Hillside, Wichita 67214 — 316/688-2362

EXTRA COPIES

Additional copies of this directory are available. Why not keep one near every phone in your office?

The price for members is $21.18 each; $52.95 each for non-members. These prices include sales tax. There is no additional charge for shipping.

To order, write or call Mary Ann Starbuck at:

Kansas Medical Society
623 SW 10th Ave.
Topeka, KS 66612-1627

913-235-2383, or 800-332-0156

HIV Counseling and Testing Sites in Kansas

Agency	Telephone
ANTHONY	
Harper County H.D.	(316) 842-5132
ARKANSAS CITY	
Cowley County H.D.	(316) 442-3260
ATCHISON	
Atchison County H.D.	(913) 367-5152
BELOIT	
Mitchell County H.D.	(913) 738-5175
BURLINGTON	
Coffey County H.D.	(316) 364-8631
CLAY CENTER	
Clay County H.D.	(913) 632-3193
COFFEYVILLE	
Montgomery County H.D.	(316) 251-4210
COLBY	
Thomas County H.D.	(913) 462-4596
COLUMBUS	
Cherokee County H.D.	(316) 429-3087
CONCORDIA	
Cloud Cty. Publ. Health	(913) 243-8147
COUNCIL GROVE	
Morris County H.D.	(316) 767-5175
DIGHTON	
Lane County H.D.	(316) 397-2802 ext. 216
DODGE CITY	
Dodge City Family Planning Clinic	(316) 225-1933
EL DORADO	
Butler County H.D.	(316) 321-3400
ELLSWORTH	
Ellsworth Cty. H.D.	(913) 472-4488
EMPORIA	
Lyon County H.D.	(316) 342-4864
GARDEN CITY	
Finney County H.D.	(316) 272-3600
GOODLAND	
Sherman County H.D.	(913) 899-5627
GREAT BEND	
Barton County H.D.	(316) 793-1902
HAYS	
Ellis County H.D.	(913) 628-9440
Ft. Hays St. Univ.	(913) 628-4293
Planned Parenthood	(913) 628-2434
HIAWATHA	
Brown County H.D.	(913) 742-7192
HOISINGTON	
Clara Barton Hosp.	(316) 653-2114
HOLTON	
Jackson County H.D.	(913) 364-2670
HOXIE	
Sheridan County H.D.	(913) 675-2101
HUTCHINSON	
Reno County H.D.	(316) 694-2900
IOLA	
Allen County Hospital	(316) 365-3131
JUNCTION CITY	
Geary County H.D.	(913) 762-5788
KANSAS CITY	
Wyandotte Cty. H.D.	(913) 321-4803
KINSLEY	
Edwards County H.D.	(316) 659-3102
LARNED	
Pawnee County H.D.	(316) 285-6963
LAWRENCE	
Douglas County H.D.	(913) 843-0721
Univ. of Ks. Health Ctr.	(913) 864-9525
LEAVENWORTH	
Leavenworth County H.D.	(913) 684-0730
LIBERAL	
Seward County H.D.	(316) 624-3804
LYNDON	
Osage County H.D.	(913) 828-3117
MANHATTAN	
Riley County H.D.	(913) 776-4779
McPHERSON	
McPherson County H.D.	(316) 241-1753
MEADE	
Meade County H.D.	(316) 873-8745
MISSION	
Johnson County H.D.	(913) 791-5660
NEODESHA	
Bert Chronister, M.D.	(316) 325-2622
Wilson County Hosp.	(316) 325-2611
NEWTON	
Harvey County H.D.	(316) 283-1637
OLATHE	
Johnson County H.D.	(913) 782-9400
OSKALOOSA	
Jefferson County H.D.	(913) 863-2447
OTTAWA	
Franklin County H.D.	(913) 242-1873
PHILLIPSBURG	
Phillips County H.D.	(913) 543-2179
PITTSBURG	
Crawford County F.P.	(316) 231-3200
PRATT	
Pratt County H.D.	(316) 672-7436
RUSSELL	
Russell County H.D.	(913) 483-6433
SALINA	
Saline County H.D.	(913) 826-6600
STOCKTON	
Rooks County H.D.	(913) 425-7352
TOPEKA	
Shawnee County H.D.	(913) 233-5141
ULYSSES	
Grant County H.D.	(316) 356-1545
WELLINGTON	
Sumner County H.D.	(316) 326-2774
WESTMORELAND	
Pottawatomie Cty. H.D.	(913) 457-3719
WICHITA	
Sedgwick County H.D.	(316) 268-8342
Wichita State Univ.	(316) 689-3620
WINFIELD	
Cowley County H.D.	(316) 221-1430

CLASSIFIED ADVERTISEMENTS

Classified advertisements are $7.50/line for KMS members; $9.50/line for non-members; 5-line minimum. Payment must accompany copy. Deadline is 20th of the month preceding month of publication. Box numbers are available at no charge. All advertisements are accepted subject to approval by the Editorial Board.

WORKSHOP, October 15. Obsessive-Compulsive Disorders: Diagnosis & Treatment, featuring Dr. Michael Jenike. Location: Topeka, Kansas. CE Credit: 6 hours. Cost: $95. Contact: Menninger Continuing Education, 800-288-7377.

EMPORIA, KANSAS. A BC FP with Clinical and Administrative Emergency Department experience is sought for the Medical Directorship at Newman County Memorial Hospital. Excellent compensation and full benefits. NCMH is undergoing a major renovation that will take the hospital into the 21st century. Be a part of the exciting world of Emergency Medicine in a facility dedicated to both patient and physician satisfaction. Contact Brian Nunning at Coastal Emergency Services of St. Louis, Inc. at 800-326-2782.

BC/BE GENERAL SURGEON needed to join surgeons in very lucrative practice covering 60,000 trade area. Surgeon interested in medical missions preferred. Arrangements negotiable. Send resume to Regional Surgical Associates, 3520 Lakin, Great Bend, KS 67530; 800-598-0650.

EXPAND YOUR HORIZONS! Whether you are looking for a change of pace, a fresh start, or just a change of scenery, we are your source for up-to-date information on practice opportunities from the lakes of Minnesota to the mountains of upstate New York. We currently represent hospitals and clinics throughout the midwest and northeast in a variety of primary care and surgical specialties, and subspecialties. Locations and settings vary from prominent, multisite clinics, to traditional resort-town practices. For specific answers and pertinent information, please call 1-800-243-4353, or send your CV to: Strelcheck & Associates, Inc., 10624 N. Port Washington Rd., Mequon, WI 53092.

TIRED of on-call responsibilities and days that blend together with no family time in between? Are you frustrated that you have become more of a businessman than a clinician? Emergency Medicine allows you a set schedule, guaranteed income and the elimination of administrative costs & headaches, while you practice the art of medicine. Opportunities exist in several locations throughout Central & Western Kansas that will allow you to pursue your career as you had intended. Professional liability insurance can be procured on your behalf. Join the expanding field of emergency medicine and leave the business world behind. Call Brian Nunning at 1-800-326-2782 for a confidential, non-obligatory discussion of settings and volumes, or fax your CV in confidence to 314-291-5152. Coastal Emergency Services of St. Louis, Inc.

ASSOCIATE PHYSICIAN: Women's Health Care. Compassionate physician, male or female, with surgical experience (FP, surgery, EM, OB/GYN) to participate in first- and early-second-trimester (14 weeks) abortion practice. Two to four Saturdays/month in Wichita, Kansas. Fee for service and no overhead. Send resume to George R. Tiller, M.D., Medical Director, WHCS, 5107 E. Kellogg, Wichita, KS 67218.

INTERNISTS

A New Name . . .
A Continuing Pursuit of Excellence

Humana Health Care Plans, formerly Humana Prime Health, has continued to expand and develop. We currently have a need for internists throughout Missouri.

Today, the time has never been better to practice personalized health care with the advantage of far-reaching resources. At Humana Health Care Plans you won't compromise the quality care of your patients for the administrative requirements of a fee-for-service practice.

In addition to a professionally challenging career and time for a quality personal life, our staff enjoys competitive compensation and benefits.

If you are seeking the satisfaction of a professional career within an expanding and challenging environment, Humana Health Care Plans has a unique opportunity. Please submit your CV to: **Martha Goodall, 10450 Holmes, 2nd Floor, Kansas City, Missouri 64131, (816) 941-8900.** EOE M/F.

Humana Health Care Plans

TIME FOR A MOVE ?
FP, IM, OB/GYN, PEDS...

"We won't sell you on a practice - if we don't have it, we'll find it."

Kansas 40+ Cities:	National 750+ Cities:
Kansas City	St. Louis
Wichita	Chicago
Topeka	Indianapolis
Overland Park	Tampa
Newton	Cincinnati
Wellington	Jacksonville

The Curare Group, Inc.
(800) 880-2028, fax (812) 331-0645
M-F 8am-7pm, Sat 12-4 CST

Medical School Codes

UNITED STATES

0102 University of Alabama School of Medicine, Birmingham

0301 University of Arizona College of Medicine, Tucson

0401 University of Arkansas School of Medicine, Little Rock

0502 University of California School of Medicine, San Francisco
0506 University of Southern California School of Medicine, Los Angeles
0511 Stanford University School of Medicine, Palo Alto
0512 Loma Linda University School of Medicine, Los Angeles
0514 University of California School of Medicine, Los Angeles
0515 University of California College of Medicine, Irvine
0518 University of California San Diego School of Medicine, La Jolla
0519 University of California School of Medicine, Davis

0702 University of Colorado School of Medicine, Denver

0801 Yale University School of Medicine, New Haven
0802 University of Connecticut, Farmington

1001 George Washington University School of Medicine, Washington, D.C.
1002 Georgetown University School of Medicine, Washington, D.C.
1003 Howard University College of Medicine, Washington, D.C.

1102 University of Miami School of Medicine, Miami
1103 University of Florida College of Medicine, Gainesville
1104 University of South Florida School of Medicine, Tampa
1175 Southeast College of Osteopathic Medicine, Miami

1201 Medical College of Georgia, Augusta
1205 Emory University School of Medicine, Atlanta
1222 Mercer University School of Medicine, Macon

1401 University of Hawaii School of Medicine, Honolulu

1601 Rush Medical College, Chicago
1602 University of Chicago Pritzker School of Medicine, Chicago
1604 The Hahnemann Medical College and Hospital, Chicago
1606 Northwestern University Medical School, Chicago
1611 University of Illinois College of Medicine, Chicago
1642 Chicago Medical School University of Health Sciences, Chicago
1643 Loyola University Stritch School of Medicine, Maywood
1645 Southern Illinois School of Medicine, Springfield
1676 Chicago College of Osteopathic Medicine, Chicago

1720 Indiana University School of Medicine, Indianapolis

1803 University of Iowa College of Medicine, Iowa City
1875 College of Osteopathic Medicine and Surgery, Des Moines

1902 University of Kansas School of Medicine, Kansas City

2002 University of Louisville School of Medicine, Louisville
2012 University of Kentucky College of Medicine, Lexington

2101 Tulane University School of Medicine, New Orleans
2105 Louisiana State University School of Medicine, New Orleans
2106 Louisiana State Medical School, Shreveport

2201 Bowdoin Medical School, Brunswick-Portland

2301 University of Maryland School of Medicine, Baltimore
2307 Johns Hopkins University School of Medicine, Baltimore

2401 Harvard Medical School, Boston
2405 Boston University School of Medicine, Boston
2407 Tufts University School of Medicine, Boston
2416 University of Massachusetts School of Medicine, Worcester

2501 University of Michigan Medical School, Ann Arbor
2507 Wayne State University School of Medicine, Detroit
2512 Michigan State University College of Human Medicine, East Lansing

2604 University of Minnesota Medical School, Minneapolis

2701 University of Mississippi School of Medicine, Jackson

2802 Washington University School of Medicine, St. Louis
2803 University of Missouri School of Medicine, Columbia
2820 University Medical College of Kansas City
2822 Ensworth Medical College, St. Joseph
2834 St. Louis University School of Medicine, St. Louis
2843 Kansas City College of Medicine and Surgery
2846 University of Missouri School of Medicine, Kansas City
2878 Kansas City College of Osteopathy & Surgery
2879 Kirksville College of Osteopathic Medicine, Kirksville

3005 University of Nebraska College of Medicine, Omaha
3006 Creighton University School of Medicine, Omaha
3007 Nebraska College of Medicine, Lincoln

3201 Dartmouth Medical School, Hanover

3305 College of Medicine & Dentistry, New Jersey
3306 Univ. of Medicine & Dentistry of NJ, Piscataway

3401 University of New Mexico School of Medicine, Albuquerque

3501 Columbia University College of Physicians and Surgeons, New York
3503 Albany Medical College of Union University, Albany
3506 State University of New York at Buffalo, School of Medicine, Buffalo
3508 State University of New York College of Medicine, Brooklyn
3509 New York Medical College, New York
3510 Bellevue Hospital Medical College, New York
3515 State University of New York College of Medicine, Syracuse
3519 New York University School of Medicine, New York
3520 Cornell University Medical College, New York
3545 University of Rochester School of Medicine and Dentistry, Rochester
3546 Albert Einstein College of Medicine, New York
3547 Mount Sinai School of Medicine of City University of New York, New York
3575 NY College of Osteopathic Medicine, Old Westbury

3601 University of North Carolina School of Medicine, Chapel Hill
3605 Bowman Gray School of Medicine, Winston-Salem
3607 Duke University School of Medicine, Durham

3701 University of North Dakota
3737 University of North Dakota, Grand Forks

3802 Eclectic Medical College, Cincinnati
3806 Case Western Reserve University School of Medicine, Cleveland
3819 Toledo Medical College, Toledo
3840 Ohio State University College of Medicine, Columbus
3841 University of Cincinnati College of Medicine, Cincinnati
3843 Medical College of Ohio at Toledo, Toledo
3844 Northeastern Ohio University College of Medicine, Rootstown
3875 Ohio University College of Osteopathic Medicine, Athens

3901 University of Oklahoma School of Medicine, Oklahoma City
3905 Oral Roberts University School of Medicine, Tulsa
3979 Oklahoma College of Osteopathic Medicine and Surgery, Tulsa

4002 University of Oregon Medical School, Portland

4101 University of Pennsylvania School of Medicine, Philadelphia
4102 Jefferson Medical College, Philadelphia
4107 Medical College of Pennsylvania, Philadelphia
4109 Hahnemann Medical College and Hospital, Philadelphia
4112 University of Pittsburgh School of Medicine, Pittsburgh
4113 Temple University School of Medicine, Philadelphia
4114 Pennsylvania State University, Milton S. Hershey Medical Center, Hershey

4177 Philadelphia College of Osteopathic Medicine, Philadelphia

4201 University of Puerto Rico School of Medicine, San Juan

4301 Brown University Division of Biological and Medical Sciences, Providence

4501 Medical University of South Carolina College of Medicine, Charleston

4601 University of South Dakota School of Medicine, Sioux Falls

4705 Vanderbilt University School of Medicine, Nashville
4706 University of Tennessee College of Medicine, Memphis
4707 Meharry Medical College School of Medicine, Nashville
4720 East Tennessee State University School of Medicine, Johnson City

4802 University of Texas Medical Branch, Galveston
4804 Baylor College of Medicine, Houston
4812 University of Texas Southwestern Medical School, Dallas
4813 University of Texas Medical School, San Antonio
4814 University of Texas Medical School, Houston
4815 Texas Tech University School of Medicine, Lubbock
4816 Texas A&M University College of Medicine, College Station
4878 Texas College of Osteopathic Medicine, Ft. Worth

4901 University of Utah College of Medicine, Salt Lake City

5002 University of Vermont College of Medicine, Burlington

5101 University of Virginia School of Medicine, Charlottesville
5104 Medical College of Virginia Health Sciences Division of Virginia Commonwealth University, Richmond
5107 Eastern Virginia Medical School, Norfolk

5404 University of Washington School of Medicine, Seattle

5501 West Virginia University School of Medicine, Morgantown
5575 West Virginia School of Osteopathic Medicine, Lewisburg

5605 University of Wisconsin Medical School, Madison
5606 Medical College of Wisconsin, Milwaukee

FOREIGN MEDICAL SCHOOL CODES

CANADA

060 Alberta
06001 University of Alberta Faculty of Medicine, Edmonton
06002 University of Calgary Faculty of Medicine, Calgary

061 British Columbia
06101 University of British Columbia Faculty of Medicine, Vancouver

062 Manitoba
06201 University of Manitoba Faculty of Medicine, Winnipeg

065 Ontario
06501 University of Toronto Faculty of Medicine, Toronto
06505 Queen's University Faculty of Medicine, Kingston
06506 University of Western Ontario Faculty of Medicine, London

067 Quebec
06701 McGill University Faculty of Medicine, Montreal

OTHER FOREIGN

118 Afghanistan
11801 Faculty of Medicine, Kabul University, Kabul

132 Argentina
13201 Facultad de Ciencias Medicas de la Universidad de Buenos Aires, Buenos Aires
13202 Facultad de Ciencias Medicas de la Universidad Nacional de Cordoba, Cordoba
13204 Facultad de Ciencias Medicas, Farmacia y Ramos Menores de la Universidad Nacional del Litoral, Rosario, Santa Fe
13206 Facultad de Ciencias Medicas de la Universidad Nacional de Cuyo, Mendoza, Mendoza

143 Australia
14303 Faculty of Medicine University of Sydney, Sydney, New South Wales
14311 Flinders University School of Medicine, Bedford Park

154 Austria
15407 Medizinische Fakultat der Universitat Wien, Wien (40726 from March 13, 1938 to June, 1945)

160 Bangladesh
16002 Dacca Medical College, Ramna Dhaka, Bangladesh

165 Belgium
16501 Faculte de Medecine et de Pharmacie Universite libre de Bruxelles, Bruxelles
16504 Universitaire Katholique de Louvain, Faculte de Medecine, Louvain

176 Bolivia
17601 Univ. Boliviana, Fac. de Ciencias Medicas, La Paz
17602 Facultad de Ciencias Medicas de la Universidad Mayor Real y Pontificia de San Francisco Xavier de Chuquisaca, Sucre
17603 Facultad de Medicina de la Universidad Mayor de San Simon, Cochabamba

187 Brazil
18708 Universidade Federal de Parana, Faculdade de Medicina, Curitiba, Parana

209 Burma
20901 Institute of Medicine 1, Rangoon

215 Cambodia
21501 Ecole Royal de Medicine du Cambode, Phnompenh

220 Sri Lanka (formerly Ceylon)
22001 University of Sri Lanka Colombo Faculty of Medicine

231 Chile
23101 Facultad de Medicina de la Universidad de Chile, Santiago

242 China
242 China (also see 243 Effective January 1, 1977)
24209 St. John's University (Pennsylvania Medical School, Shanghai, Kiangsu) (Extinct)
24216 National Shanghai Medical College, Shanghai, Kiangsu
24217 West China Union University College of Medicine and Dentistry, Chengtu, Szechuan
24222 Aurora University Faculty of Medicine, Shanghai, Kiangsu (Extinct)
24239 Shansi University Medical College, Taiyuan, Shansi

243 China
24338 National Honan University Medical College, Kaifeng, Honan (24238 Prior to 1-17-71)
24351 National Defense Medical Center, School of Medicine, Shanghai, Kiangsu (24251 Prior to 1-17-71)

244 Taiwan
244 Taiwan (Formosa) effective 1-17-71
24402 College of Medicine National Taiwan University, Taipei (38502 Prior to 1-17-71)
24404 Taipei Medical College, Taipei (38504 Prior to 1-17-71)
24405 China Medical College, Taichung (38505 before 1-17-71)
24406 Chung Shan Medical and Dental College, Taiwan

264 Colombia
26401 Facultad de Medicina de la Universidad Nacional de Colombia Ciudad Universitaria, Bogota, Cundinamarca
26402 Facultad de Medicina de la Universidad de Cartagena, Cartagena, Bolivar
26404 Facultad de Medicina de la Pontificia Universidad Javeriana, Bogota, Cundinamarca
26406 Facultad de Medicina de la Universidad de Caldas, Manizales, Caldas
26407 Facultad de Medicina de la Universidad del Cauca, Popayan, Cauca

275 Cuba
27501 Facultad de Medicina de la Universidad de la Habana, Havana
27502 Escuela de Medicina, Universidad de Oriente, Santiago

286 Czechoslovakia
28601 Deutsche Univerzita Medizinische Fakulta, Praha (15405 before 1919)
28602 Charles Univerzita Fakulta of PedGen Medicine, Praha

297 Denmark
29703 Odense Univ. det Laegevidenskabelige, Odense

305 Dominica
30501 Ross University School of Medicine and Veterinary Medicine, Roseau

308 Dominican Republic
30801 Facultad de Medicina de la Universidad de Santo Domingo, Ciudad Trujillo
30803 Universid ad Central Del Este
30805 Instituto Technologico de Santo Domingo, Santo Domingo
30807 Universidad Cetec, Escuela De Medicina, Santo Domingo
30811 Univ. Tech. (Utesa) Escuela de Medicina, Santiago

319 Ecuador
31901 Facultad de Ciencias Medicas de la Universidad Central, Quito

330 Egypt (United Arab Republic)
33002 Kasr-el-Aini Faculty of Medicine, Cairo University, Cairo (Formerly Fouad First University Faculty of Medicine)
33003 Faculty of Medicine Alexandria University, Alexandria
33004 Abbasis Faculty of Medicine, University of Ein Shams, Cairo

341 El Salvador
34104 Facultad de Medicina Universidad Nacional del Salvador, San Salvador

352 England
35204 University of Newcastle-Upon-Tyne Medical School (Before August 1963 Kings College University in Durham)
35205 School of Medicine University of Leeds, Leeds
35207 University of London Faculty of Medicine, London
35211 Registrable Qualifications granted by English Conjoint Board (Royal College of Surgeons of England/Royal College of Physicians of London)

385 Formosa (Taiwan)
385 (Also see 244 Taiwan [Effective 1-17-71])
38501 Kaohsiung (takau) Medical College, Kaohsiung
38502 College of Medicine National Taiwan University, Taipei
38503 National Defense Medical Center, Taipei
38505 China Medical College, Taichung

396 France
39606 Faculte de Medecine de l'Universite de Paris, Paris, Seine
39607 Faculte mixte de Medecine et de Pharmacie de l'Universite de Toulouse, Toulouse, Haute-Garonne
39620 Universite de Picardie, UER de Medecine, Amiens

407 Germany
407 Also see 408409—East and West Germany (Effective 1-1-71)
40707 Medizinische Fakultat der Georg-August-Universitat, Gottingen, Niedersachsen
40710 Medizinische Fakultat der Universitat Heidelberg, Heidelberg, Baden-Wurttemberg
40715 Medizinische Fakultat der Phillipps-Universitat, Marburg/Lahn, Hessen
40716 Medizinische Fakultat der Ludwig Maximiliams-Universitat, Munchen, Bayern
40721 Medizinische Fakultat der Universitat Hamburg, Hamburg
40723 Medizinische Fakultat der Johann-Wolfgang-Goethe-Universitat, Frankfurt-Am-Main, Hessen
40733 Medizinis che Fakultat der Freien Universitat Berlin, Berlin
40902 Medizinische Fakultat Rheinischen Friedrich Wilhelms Universitat, Bonn (40702 before 1971)
40905 Medizinische Fakultat Albert-Ludwigs-Universitat Freiberg im Breisgau
40921 Medizinische Fakultat Universitat Hamburg, Hamburg (40721 before 1971)
40933 Medizinische Fakultat Freien Universitat, Berlin, Berlin (40733 Prior to 1-1-71)

418 Greece
41801 Faculty of Medicine National University of Athens, Athens
41802 Faculty of Medicine University of Thessaloniki, Thessaloniki

429 Guatemala
42901 Facultad de Ciencias Medicas, Universidad de San Carlos, Guatemala

451 Honduras
45101 Facultad de Medicina y Cirugia de la Universidad Nacional Autonoma de Honduras, Tegucigalpa

473 Hungary
47301 Orvosi Fakultas Tudomanyegyetem, Budapest

495 India
49501 University of Bombay, Affiliated Medical Colleges are:
a. Grant Medical College Bombay University, Bombay, Maharashtra
b. Seth Gorhandas Sunderdas Medical College Bombay University, Bombay, Maharashtra
49503 Guru Nanak Medical College, Guru Nanak University, Amritsar, Punjab
49504 Madras Medical College Madras University, Madras, Madras
49508 Christian Medical College Punjab University, Ludhiana, Punjab
49509 St. John's Medical College, Bangalore, Mysore (before June 1966: Government Medical College, Mysore University, Mysore)
49511 Andhra Medical College Andhra University, Visakhapatnam, Andhra
49515 Prince of Wales Medical College, Patiala University, Bankipore Patiala, Bihar
49516 Stanley Medical College Madras University, Madras, Madras
49517 Topiwala National Medical College, Bombay University, Bombay, Maharashtra
49518 Assam Medical College Gauhati University, Dibrugarh, Assam
49520 M.G.M. Medical College, Indore Madhya Pradesh
49521 Osmania Medical College Osmania University, Hyderabad, Andhra
49523 Medical College Baroda University, Baroda, Gujarat
49527 Christian Medical College, Vellore, Madras
49528 Byramjee Jeejeebhoy Medical College, Poona, Maharashtra
49529 Government Medical College Punjab University, Patiala, Punjab
49530 Sawai Man Singh Medical College Rajasthan University, Jaipur, Rajasthan
49531 Medical College Kerala University, Trivandrum, Kerala
49533 Medical College, Bangalore University, Mysore
49534 Gajra Rajo Medical College Vikram University, Gwalior, Madhya Pradesh
49535 Karnatak Medical College Karnatak University, Hubli, Mysore
49536 All-India Institute of Medical Sciences, New Delhi, Delhi
49537 Kasturba Medical College Karnatak University, Manipal, Mysore
49541 G.S.V. Memorial Medical College Lucknow University, Kampur, Uttar Pradesh
49545 Maulana Azad Med. College, Univ. of Delhi, New Delhi
49547 Medical College Jabalpur University, Jabalpur, Madhya Pradesh
49548 M.P. Shah Medical College Gujarat University, Jamnagar, Gujarat
49549 Ghandhi Medical College Vikram University, Bhopai, Madhya Pradesh
49550 Guntur Medical College Andhra University, Guntur, Andhra
49552 St. John's Medical College, Bangalore University, Bangalore, Mysore
49554 Rajendra Medical College, Ranchi, Bihar
49555 Sardar Patel Medical College, Bikaner
49557 Kakatiya Medical College, Warangal, Andhra Pradesh
49562 Kurnool Medical College, Venkatesvara University, Kurnool
49568 College Medical Sciences Banaras Hindu University, Varanasi, Uttar Pradesh
49572 Gov. Med. Coll., Gulbarga Univ., Bellary, Karnataka
49573 Armed Forces Medical College, Poona
49574 Ravindra Nath Tagore Medical College, Udaipur
49576 Municipal Medical College, Gujarat University, Ahmedabad, Gujarat
49579 V.S.S. Med. Coll., Sambalpur Univ., Burla, Orissa
49583 Indira Gandhi Medical College, Nagpur
49589 Government Medical College, S. Gujarat Univ., Surat
9596 Lokmanya Tilak Mun Medical College, Bombay University, Bombay, Maharashtra
49597 Dr. Vaishampayan Memorial Medical College, Shivaji University, Shalopur, Maharashtra
49610 M.L.B. Medical College, Juansi
49611 Sri Krishna Medical College, Muzaffarpur, Bihar

506 Indonesia
50602 Faculty of Medicine Airlangga University, Surabaya

517 Iran
51701 Faculty of Medicine University of Teheran, Teheran
51703 Faculty of Medicine, Tabriz

528 Iraq
52801 Faculty of Medicine Baghdad University, Baghdad

539 Ireland
53901 Faculty of Medicine Queen's University of Belfast, Belfast
53902 National University of Ireland, Constituent Colleges are:
a. Faculty of Medicine University College, Dublin
b. Faculty of Medicine University College, Cork
c. Faculty of Medicine, Galway
53903 School of Physic Trinity College University of Dublin, Dublin

550 Israel
55001 The Hebrew University-Hadassah Medical School, Jerusalem
55002 Tel Aviv University, Tel Aviv

561 Italy
56101 Facolta di Medicina e Chirurgia dell'Universita di Bologna, Bologna
56111 Facolta di Medicina e Chirurgia dell'Universita di Padova, Padua
56115 Facolta di Medicina e Chirurgia dell'Universita di Perugia, Perugia
56117 Facolta di Medicina e Chirurgia, Rome
56119 Facolta di Medicina e Chirurgia dell'Universita di Siena, Siena
56120 Facolta di Medicina e Chirurgia dell'Universita di Torino, Turin

572 Japan
57211 Tokyo Medical College (Nippon Ikadaigaku) Hongo, Tokyo (Extinct)
57241 Faculty of Medicine Shinshu University, Matsumoto, Nagano
57249 Tokyo Medical College, Tokyo

583 Korea (South)
58301 Severence Medical College Yonsei University, Seoul
58302 College of Medicine Seoul National University, Seoul
58303 Korea University Medical College, Seoul
58304 College of Medicine Kyong-Puk National University, Taegu
58306 College of Medicine Chun Nam National University, Kwangiu
58309 College of Medicine Pusan National University, Pusan
58310 College of Medicine Catholic University, Seoul

605 Lebanon
60501 Medical School American University of Beirut, Beirut

627 Malta
62701 Faculty of Medicine and Surgery Royal University of Malta, Valetta

649 Mexico
64901 Facultad de Medicina de la Universidad Nacional Autonoma de Mexico, Mexico
64902 Facultad de Medicina de la Universidad de Nuevo Leon, Monterrey, Nuevo Leon
64903 Facultad de Medicina de la Universidad de Guadalajara, Jalisco
64906 Facultad de Medicina de la Universidad Nacional del Sureste, Merida, Yucatan
64914 Facultad de Medicina de la Universidad Autonoma de Guadalajara, Guadalajara, Jalisco
64930 School of Medicine, Universidad Autonoma de Monterrey
64933 Universidad Autonoma de Ciudad Juarez, Ciudad Juarez, Chihuahua
64935 Escuela de Medicina de la Universidad del Noreste, Tampico, Tamaulipas
64936 Centro de Estudios Universidad Xochicalo A.C., Cuernavaca, Morelos
64954 Universidad Mexicana-Americana del Norte, Reynosa, Tamaulipas

660 Netherlands
66061 Faculteit der Geneeskunde Universiteit Van Amsterdam, Amsterdam

671 New Zealand
67101 Medical School University of Otago, Dunedin

690 Nigeria
69001 College of Medicine, University of Ibadan, Ibadan
69005 Faculty of Health Sciences, University of Ife, Ife

704 Pakistan
70401 King Edward Medical College, Lahore, West Pakistan
70402 Dow Medical College, Karachi, Federal Capital Area
70403 Dacca Medical College, Dacca, East Pakistan
70404 Nishtar Medical College, Multan, West Pakistan
70406 Fatima Jinnah Med. Coll. for Women, Lahore
70409 Khyber Medical College, Peshawar, North-West Frontier Province
70410 Chittagong Medical College, Chittagong, East Pakistan (16001 after 7-1-72)
70416 Sind Medical College, University of Karachi, Karachi

726 Paraguay
72601 Facultad de Medicina de la Universidad Nacional de Asuncion, Asuncion

737 Peru
73701 Facultad de Medicina de San Fernando de la Universidad Nacional Mayor de San Marcos, Lima
73705 Facultad de Medicina de la Universidad Nacional de San Agustin, Arequipa
73706 Facultad de Medicina "Cayetano Heredia" de la Universidad Peruana de Ciencias Medicas y Biologicas, Lima

748 Philippines
74801 Faculty of Medicine and Surgery University of Santo Tomas, Manila
74802 College of Medicine University of the Philippines, Manila
74807 College of Medicine Manila Central University, Manila
74808 Institute of Medicine Far Eastern University, Manila
74809 College of Medicine Southwestern University, Cebu City
74810 College of Medicine University of the East, Quezon City
74811 College of Medicine Cebu Institute of Technology, Cebu City

759 Poland
75903 Warsaw Medical Academy
75911 Akademia Medyczna, Bialystock

781 Romania
78103 Instut de Medicina si Farmacie, Cluj-Napoca

803 Scotland
80301 Faculty of Medicine University of Aberdeen, Aberdeen
80302 University of St. Andrews School of Medicine, Dundee
80303 Faculty of Medicine University of Edinburgh, Edinburgh
80305 Faculty of Medicine University of Glasgow, Glasgow

836 South Africa
83601 Medical School University of the Witwatersrand, Johannesburg

847 Spain
84701 Facultad de Medicina de la Universidad de Barcelona, Barcelona
84703 Facultad de Medicina de la Universidad de Granada, Granada
84704 Facultad de Medicina de la Universidad de Madrid, Madrid
84705 Santiago de Compostela, Santiago
84706 Facultad de Medicina de la Universidad de Zaragoza, Zaragoza
84708 Facultad de Medicina de la Universidad de Valencia, Valencia
84710 Facultad de Medicina de la Universidad de Salamanca, Salamanca
84711 Facultad de Medicina de la Universidad Catolica Navarra, Pamplona

869 Switzerland
86901 Medizinische Fakultat der Universitat Basel, Basel
86902 Medizinische Fakultat der Universitat Bern, Bern
86905 Faculte de Medecine de l'Universite de Lausanne, Lausanne

875 Syria
87501 Faculty of Medicine Damascus University, Damascus

Taiwan (See Formosa)

891 Thailand
89101 Faculty of Medicine at Chulalongkorn Hospital University of Medical Sciences, Bangkok
89102 Faculty of Medicine at Sariraj Hospital University of Medical Sciences, Thonburi
89104 Faculty of Medicine at Ramathibodi Hospital, Mahidol University, Bangkok

902 Turkey
90201 Tip Fakultesi Istanbul Universitesi, Istanbul
90205 Haceteppe University Faculty of Medicine, Ankara

913 Russia
91302 Voronezh Medical Institute, Voronezh

915 Egypt
91504 Faculty of Medicine, University Ein Shams, Cairo

917 United Kingdom-England-Wales-Northern Ireland
91707 University of London Faculty of Medicine, London (35207 before 1971)
91708 University of Manchester Faculty of Medicine, Manchester
91801 Queens University, Belfast (53901 before 1971)

941 Viet-Nam South
94101 Faculte mixte de Medicine et de Pharmacie Universite de Saigon, Saigon

945 Udaipur
94574 Ravindra Nath Tagore Medical College, Udaipur

957 Yugoslavia
95702 Medicinski Fakultet Univerziteta u Beogradu, Belgrade

KMS Medical Advocacy Program Telephone Numbers

24-hour Hotline	800-254-2460
KMS Office	913-235-2383 or 800-332-0156

Medical Specialty Codes

The medical specialties used in this directory are self-designated. Thus, they do not necessarily indicate certification by the board of the specialty indicated, nor are they indication of accreditation by the Accreditation Council for Graduate Medical Education.

The codes utilized are derived from the AMA Masterfile Codes for Self-Designation of Practice Specialties, as prepared by the Division of Survey and Data Resources, American Medical Association, March 1990.

A	Allergy
ADL	Adolescent Medicine
ADM	Administrative Medicine
ADT	Addictionology
AM	Aviation Medicine
AN	Anesthesiology
BLB	Pathology — Bloodbanking
CD	Cardiovascular Disease
CDS	Cardiovascular Surgery
CDTS	Cardiovascular & Thoracic Surgery
CHP	Child Psychiatry
D	Dermatology
DR	Radiology, Diagnostic
EENT	Eye, Ear, Nose and Throat
EM	Emergency Medicine
END	Endocrinology
ENT	Ear, Nose & Throat
ES	Endoscopy Surgery
FP	Family Practice
GE	Gastroenterology
GP	General Practice
GPM	General Preventive Medicine
GPVS	General & Peripheral Vascular Surgery
GS	General Surgery
GYN	Gynecology
HEM	Hematology
ID	Infectious Diseases
IE	Insurance Examination
IM	Internal Medicine
MFM	Maternal Fetal Medicine
N	Neurology
NEM	Neonatal-Perinatal Medicine
NEP	Nephrology
NM	Nuclear Medicine
NOTO	Neuro-otology
NR	Nuclear Radiology
NS	Neurological Surgery
OBG	Obstetrics and Gynecology
OM	Occupational Medicine
ON	Oncology
OPH	Ophthalmology
ORS	Orthopedic Surgery
OTO	Otorhinolaryngology
P	Psychiatry
PA	Clinical Pharmacology
PATH	Pathology
PD	Pediatrics
PDA	Pediatric Allergy
PDC	Pediatric Cardiology
PDE	Pediatric Endocrinology
PDN	Pediatric Neurology
PNP	Pediatric Nephrology
PDO	Pediatric Ophthalmology
PDS	Pediatric Surgery
PGER	Psychogerontology
PH	Public Health
PM	Physical Medicine & Rehabilitation
PS	Plastic Surgery
PUD	Pulmonary Disease
R	Radiology
RHU	Rheumatology
RO	Radiology/Oncology
SON	Surgical Oncology
TR	Therapeutic Radiation
TS	Thoracic Surgery
U	Urology
00	Retired

Alphabetical Listing

A

AAMODT MD, LEONARD W, HARRISONBURG, VA
ABAY MD, EUSTAQUIO O, WICHITA, KS
ABBAS MD, DILAWER H, WICHITA, KS
ABBUEHL MD, DON R, CHANUTE, KS
ABEL, SHARI D, KANSAS CITY, KS
ADAMS MD, ALAN W, HAYS, KS
ADAMS MD, DWIGHT L, OSAGE CITY, KS
AGUSTIN MD, CONRADO M, WICHITA, KS
AHLSTRAND MD, RICHARD A, WICHITA, KS
AHLSTROM MD, NANCY G, WICHITA, KS
AHMED MD, IFTEKHAR, KANSAS CITY, MO
AILLON MD, ALEJANDRO J, HALSTEAD, KS
AKERS MD, GUY I, FORT SCOTT, KS
ALBERS MD, ROBERT C, HAYS, KS
ALDIS MD, HENRY, FORT SCOTT, KS
ALDIS MD, WILLIAM, FORT SCOTT, KS
ALDOROTY MD, NEIL, WICHITA, KS
ALEXANDER MD, CHARLES E, KANSAS CITY, KS
ALEXANDER MD, SHIRLEY J F, WICHITA, KS
ALFONSO MD, MANUEL, WICHITA, KS
ALI MD, ZAHID, WICHITA, KS
ALIFIMOFF MD, JAMES K, TOPEKA, KS
ALLBRITTEN JR MD, FRANK F, CUNNINGHAM, KS
ALLEGRE MD, ANN, KANSAS CITY, KS
ALLEN JR MD, WILLIAM R, GREAT BEND, KS
ALLEN MD, FRANCES A, NEWTON, KS
ALLEN MD, JAMES E, TOPEKA, KS
ALLEN MD, JAMES V, SHAWNEE MISSION, KS
ALLEN MD, JAY L, PLEASANTON, KS
ALLEN MD, MAX S, SHAWNEE MISSION, KS
ALLEN MD, PHILLIP M, WICHITA, KS
ALLEN MD, RAY E, LIBERAL, KS
ALLEN MD, STEVEN W, WICHITA, KS
ALLEN MD, TIMOTHY E, TOPEKA, KS
ALLIN MD, DENNIS M, KANSAS CITY, KS
ALLRED MD, CHARLES T, SALINA, KS
ALMONTE MD, PRISCILLA C, WICHITA, KS
ALMONTE MD, RODOLFO O, WICHITA, KS
ALQUIST MD, VERYL D, BAXTER SPRINGS, KS
ALSOP MD, WILLIAM R, SALINA, KS
ALTENBERND MD, ELVIN C, EUDORA, KS
ALTER MD, BRUCE R, SYRACUSE, KS
ALVARADO MD, LORRAINE, WICHITA, KS
ALVAREZ MD, NORBERTO, ARKANSAS CITY, KS
AMADO MD, MERCEDES C, SHAWNEE MISSION, KS
AMARANENI MD, PRASUNAMBA G, TOPEKA, KS
AMAWI MD, MOHAMMAD S, DODGE CITY, KS
AMBLER MD, CARL D, PRATT, KS
AMEND MD, DOUGLAS J, EMPORIA, KS
AMMAR MD, ALEX D, WICHITA, KS
AMRANI MD, JACOB, WICHITA, KS
AMSTUTZ MD, SAMUEL W, WICHITA, KS
ANANTH MD, PERIAPATNA, KANSAS CITY, KS
ANDERSON MD, EUGENE G, GREEN VALLEY, AZ
ANDERSON MD, ALLISON H, SHAWNEE MISSION, KS
ANDERSON MD, CRAIG A, OLATHE, KS
ANDERSON MD, DALE W, AUGUSTA, KS
ANDERSON MD, DAVID J, WICHITA, KS
ANDERSON MD, DOUGLAS S, PAOLA, KS
ANDERSON MD, JAMES D, WICHITA, KS
ANDERSON MD, JODY, SALINA, KS
ANDERSON MD, LARRY R, WELLINGTON, KS
ANDERSON MD, PATRICIA W, CONCORDIA, KS
ANDERSON MD, SUSAN R, KANSAS CITY, MO
ANDERSON MD, WILLIAM A, SHAWNEE MISSION, KS
ANDERSON MD, WINSTAN L, SUN CITY WEST, AZ
ANDERSON-CLAIR, JENNIFER, SHAWNEE MISSION, KS
ANDERSON, CY K, WICHITA, KS
ANLIKER, WAYNE L, OLATHE, KS
ANTRIM MD, PHILIP J, ANTHONY, KS
APGAR MD, ROBERT G, INDEPENDENCE, KS
APPELBAUM MD, JAMES, KANSAS CITY, KS
APPENFELLER MD, WILLIAM O, OSAWATOMIE, KS
APPLEGATE JR MD, FRANCIS R, HAYS, KS
ARAKAWA MD, KASUMI, KANSAS CITY, KS
ARCISZEWSKI MD, CHRISTOPHER I, HAYS, KS
ARDINGER JR MD, ROBERT H, KANSAS CITY, KS
ARGO MD, DONALD, MARYSVILLE, KS
ARGOSINO MD, RODOLFO, WICHITA, KS
ARJUNAN MD, K N, TOPEKA, KS
ARMBRUSTER MD, ALBERT A, STILLWELL, KS
ARMSTRONG MD, HAROLD J, PITTSBURG, KS
ARNOLD MD, L KIRK, SHAWNEE MISSION, KS
ARNOLD MD, PAUL M, KANSAS CITY, KS
ARNSPIGER II MD, RICHARD C, SHAWNEE MISSION, KS
ARROYO MD, ZEFERINO, GARDEN CITY, KS
ARROYO, ERRICK J, KANSAS CITY, KS
ARTZ MD, TYRONE D, WICHITA, KS
ARTZER MD, DENNIS C, TOPEKA, KS
ARUNAKUL MD, PUNYA, TOPEKA, KS
ASHCOM MD, THOMAS L, WICHITA, KS
ASHCRAFT MD, SCOTT E, SHAWNEE MISSION, KS
ASHER MD, MARC A, KANSAS CITY, KS
ASHKAR MD, ADNAN A, LEAVENWORTH, KS
ASHLEY JR MD, B JOHN, TOPEKA, KS
ASHLEY MD, BYRON J, TOPEKA, KS
ASHLEY MD, SAMUEL G, CHANUTE, KS
ASHLEY MD, THOMAS J, TOPEKA, KS
ASHWORTH MD, ELIZABETH M, WICHITA, KS
ATHON MD, MERRILL D, SHAWNEE MISSION, KS
ATKIN MD, J D, YATES CENTER, KS
ATOR MD, GREGORY A, KANSAS CITY, KS
ATWOOD D O, ERIC B, TOPEKA, KS
ATWOOD MD, JEFF B, WAMEGO, KS
ATWOOD MD, LARRY C, INDEPENDENCE, KS
ATWOOD MD, M DALE, KINSLEY, KS
ATWOOD MD, MICHAEL D, TOPEKA, KS
AUNINS MD, JOHN, WICHITA, KS
AUSTENFELD MD, JENNIFER, SHAWNEE MISSION, KS
AUSTENFELD MD, MARK S, KANSAS CITY, KS
AVERILL MD, STUART C, TOPEKA, KS
AVES MD, AGNES, PARSONS, KS
AVES MD, RENATO B, PARSONS, KS
AVILA MD, OSCAR, DODGE CITY, KS
AYUTHIA MD, ISSARA I, DODGE CITY, KS

B

BABEL MD, DOUGLAS B, SHAWNEE MISSION, KS
BABIKIAN MD, PAUL V, WICHITA, KS
BACANI MD, OSWALDO C, FREDONIA, KS
BACKES MD, DAVID J, WICHITA, KS
BACON MD, ARTHUR H, LAKE WORTH, FL
BADEEN II MD, LOUIS J, SHAWNEE MISSION, KS
BAEHR MD, RALPH H, LEE'S SUMMIT, MO
BAEKE JR MD, JOHN L, KANSAS CITY, KS
BAILEY MD, WILLIAM A, LAWRENCE, KS
BAIR MD, ALBERT E, SUN CITY CENTER, FL
BAIR MD, GLENN O, TOPEKA, KS
BAJAJ MD, ASHOK K, WICHITA, KS
BAJAJ MD, RAVI K, WICHITA, KS
BAKER MD, GARY L, KANSAS CITY, MO
BAKER MD, MICHAEL P, FORT SCOTT, KS
BAKER MD, PHILLIP L, TOPEKA, KS
BAKER MD, RAY D, TOPEKA, KS
BAKER MD, RICHARD B, MANHATTAN, KS
BAKER MD, TRACY M, WICHITA, KS
BAKER MD, WILLIAM S, SHAWNEE MISSION, KS
BALANOFF MD, ARNOLD Z, OLATHE, KS
BALDRIDGE MD, JOHN A, WICHITA, KS
BALDWIN MD, THOMAS F, SHAWNEE MISSION, KS
BALES MD, MITZI M, WICHITA, KS
BALIDO MD, ALBERTO J, LANSING, KS
BALLESTER MD, JOHN M, PITTSBURGH, PA
BAMBARA MD, JOHN F, MANHATTAN, KS
BAMMEL MD, BRUCE, WICHITA, KS
BANKS MD, ROBERT E, PAOLA, KS
BANSAL MD, ROOPA O, SHAWNEE MISSION, KS
BANSAL MD, SATISH C, SHAWNEE MISSION, KS
BANWART MD, JON C, WICHITA, KS
BAPTIST MD, JEREMY E, SHAWNEE MISSION, KS
BARABAN MD, MARC R, TOPEKA, KS
BARASH, BRIAN D, KANSAS CITY, KS
BARBA JR MD, ANTONIO P, WICHITA, KS
BARBA MD, ESTRELLA G, WICHITA, KS
BARBER MD, JAMES L, AUGUSTA, KS
BARBERA MD, PORTER E, INDEPENDENCE, KS
BARBIERI MD, CRAIG D, SHAWNEE MISSION, KS
BARCLAY MD, ANDREW M, WICHITA, KS
BARE II MD, CHARLES E, SHAWNEE MISSION, KS
BARELLI MD, PAT A, SHAWNEE MISSION, KS
BARKER MD, ELIZABETH B, SHAWNEE MISSION, KS
BARKER MD, PATRICK N, PRATT, KS
BARKER MD, PATSY, WICHITA, KS
BARKER MD, STANTON L, HUTCHINSON, KS
BARKER MD, STEVEN E, MINNEAPOLIS, KS
BARLOW MD, JOHN M, MANHATTAN, KS
BARNES MD, JOE L, SMITH CENTER, KS
BARNES, PAMELA J, SHAWNEE MISSION, KS
BARNETT JR MD, THOMAS E, SHAWNEE MISSION, KS
BARNETT MD, JAMES A, EMPORIA, KS
BARNETT MD, ROBERT E, TOPEKA, KS
BARNETT MD, THEODORE M, SHAWNEE MISSION, KS
BARNHART MD, RONALD J, SHAWNEE MISSION, KS
BARNTHOUSE MD, JOSEPH R, KANSAS CITY, MO
BARR MD, RICHARD N, SHAWNEE MISSION, KS
BARRETT MD, BRADLEY H, NEODESHA, KS
BARRICK MD, BRUCE, SHAWNEE MISSION, KS
BARTAL MD, ELY, WICHITA, KS
BARTH III MD, CHARLES W, WICHITA, KS
BARTH MD, BRADLEY E, SAN DIEGO, CA
BARTHOLOME MD, WILLIAM G, KANSAS CITY, KS
BASOM MD, THON A, SHAWNEE MISSION, KS
BASS II MD, ORAL E, WICHITA, KS
BASSELL MD, GERARD M, WICHITA, KS
BASSETT MD, PAUL M, TOPEKA, KS
BATES MD, MICHAEL D, WICHITA, KS
BATES MD, MICHAEL N, NEWTON, KS
BATNITZKY MD, SOLOMON, KANSAS CITY, KS
BATTISTE MD, CYNTHIA, WICHITA, KS
BATTY MD, LARRY H, SHAWNEE MISSION, KS
BAUER MD, JOSEPH G, DES MOINES, IA
BAUER MD, LAFE W, SHAWNEE MISSION, KS
BAUER MD, LAIRD A, SHAWNEE MISSION, KS
BAUER MD, RICHARD D, HAYS, KS
BAUER MD, THOMAS A, HUTCHINSON, KS
BAUGHMAN MD, MICHAEL J, GARDEN CITY, KS
BAUM MD, CURTIS A, TOPEKA, KS
BAUMAN MD, M LEON, WICHITA, KS
BAUMANN MD, PAUL A, WICHITA, KS
BAVISHI MD, SAROJ A, OLATHE, KS
BAXTER MD, KIRKMAN G, KANSAS CITY, KS
BAXTER MD, W REESE, SALINA, KS
BAYLES MD, HUGH G, EDMONDS, WA
BEACH MD, RICHARD R, LAWRENCE, KS
BEAHM MD, DONALD E, GREAT BEND, KS
BEAL MD, RAYMOND J, FREDONIA, KS
BEAMER MD, R LARRY, WICHITA, KS
BEAMON MD, RICHARD F, SHAWNEE MISSION, KS
BEARY, WILLIAM M, KANSAS CITY, KS
BEATTIE MD, MARY A, WICHITA, KS
BEATTY MD, ROBERT M, KANSAS CITY, KS
BEAUREGARD, CURTIS L, KANSAS CITY, KS
BEBAK MD, DONALD M, WICHITA, KS
BEBER MD, JORGE H, WICHITA, KS
BECK MD, CHARLES W, WICHITA, KS
BECK MD, JOSEPH D, TOPEKA, KS
BECK MD, WILLIAM R, NEWTON, KS
BECKER MD, KARL E, WICHITA, KS
BECKER MD, LESLIE E, KANSAS CITY, KS
BECKER MD, NANCY J, SHAWNEE MISSION, KS
BEDFORD MD, D R, TOPEKA, KS
BEECH MD, RANDALL R, WICHITA, KS
BEELMAN MD, FLOYD C, TOPEKA, KS
BEEZLEY MD, MICHAEL J, SHAWNEE MISSION, KS
BEGGS MD, DAVID F, GARDEN CITY, KS
BEILMAN MD, GREG, MINNEAPOLIS, MN
BELL MD, D W, SHAWNEE MISSION, KS
BELL MD, MARK G, SALINA, KS
BELLER MD, WILLIS L, SUN CITY, AZ
BELLOWS-BLAKELY MD, DAVID S, TOPEKA, KS
BELOT JR MD, MONTI L, LAWRENCE, KS
BELT MD, ROBERT J, SHAWNEE MISSION, KS
BELTRAN MD, DELFIN J, WICHITA, KS
BELZER MD, EDWARD G, SHAWNEE MISSION, KS
BENA MD, JAMES, PITTSBURG, KS
BENAGE MD, JOHN F, FORT SCOTT, KS
BENJAMIN MD, ASHLEY B, LAWRENCE, KS
BENNING MD, TIMOTHY C, WICHITA, KS
BENSON MD, KIRK T, KANSAS CITY, KS
BENTON MD, GARY S, WICHITA, KS
BERGANT MD, JAMES A, KANSAS CITY, KS
BERGH MD, JAMES R, SHAWNEE MISSION, KS
BERGIN MD, JAMES J, KANSAS CITY, KS
BERKEY MD, VERNON A, PITTSBURG, KS
BERKLEY MD, DON H, ABILENE, KS
BERKLEY MD, NORMAN W, SENECA, KS
BERMAN, ALAN S, SHAWNEE MISSION, KS
BERNARD MD, JOHN H, EMPORIA, KS

BERNHARDT MD, GARY D, SHAWNEE MISSION, KS
BETHEL MD, CHANDLER S, WICHITA, KS
BEUGELSDIJK MD, HENRY P, HALSTEAD, KS
BEY MD, LOVI D, KANSAS CITY, KS
BHAGAT MD, KUNAC P, BEAR, DE
BHARATI MD, RALPH, WICHITA, KS
BHARGAVA MD, ASHOK KUMAR, LA CROSSE, KS
BHARGAVA MD, BAIKUNTH N, WINFIELD, KS
BIBERSTEIN MD, GREG A, MANHATTAN, KS
BICHLMEIER MD, FRANKLIN G, SHAWNEE MISSION, KS
BICKELHAUPT MD, ETHAN E, PERRY, KS
BIERI MD, PETER V, LAWRENCE, KS
BIERMANN MD, HENRY J, WICHITA, KS
BIGGS MD, J DENNIS, ABILENE, KS
BIGHAM MD, BRYON S, TOPEKA, KS
BIGLER MD, F CALVIN, SHIPROCK, NM
BIGONGIARI MD, LAWRENCE R, WICHITA, KS
BILLINGS MD, BRIAN M, WICHITA, KS
BILLINGS MD, THOMAS, MC PHERSON, KS
BILLINGSLEY JR MD, JOHN A, IOLA, KS
BINGAMAN MD, ROBERT W, WICHITA, KS
BINYON MD, KERNIE W, WICHITA, KS
BISHOP MD, FRANCIS E, SHAWNEE MISSION, KS
BISHOP MD, HENRY R, SHAWNEE MISSION, KS
BLACK MD, BRYAN L, WICHITA, KS
BLACK MD, CYRIL V, PRATT, KS
BLACKBURN MD, ROBERT W, COUNCIL GROVE, KS
BLACKMAN MD, JACQUES D, WICHITA, KS
BLANCHARD MD, PATRICK A, SALINA, KS
BLATY MD, LAWRENCE R, WICHITA, KS
BLEIBERG MD, EFRAIN, TOPEKA, KS
BLETZ MD, DONALD B, SHAWNEE MISSION, KS
BLEYTHING, TRACY A, KANSAS CITY, KS
BLITZ MD, ROGER, HUTCHINSON, KS
BLOCK MD, JEROME E, COFFEYVILLE, KS
BLOOM MD, BARRY T, WICHITA, KS
BLOOM MD, L THEIL, PRATT, KS
BLOOM MD, RODNEY L, WICHITA, KS
BLOXHAM MD, THOMAS J, WICHITA, KS
BOBER MD, JOHN F, WICHITA, KS
BOCK MD, PETER A, EUDORA, KS
BOESE MD, KENNETH M, MANHATTAN, KS
BOGNER MD, PAUL F, NEWTON, KS
BOHMER, JAMES T, KANSAS CITY, KS
BOHN MD, WILLIAM W, SHAWNEE MISSION, KS
BOLES MD, J MICHAEL, SHAWNEE MISSION, KS
BOLES MD, R DALE, COMANCHE, OK
BOLING MD, J MARK, KANSAS CITY, KS
BOLINGER MD, ROBERT E, KANSAS CITY, KS
BOLLMAN MD, CHARLES S, JUNCTION CITY, KS
BOLT MD, MICHAEL S, WICHITA, KS
BOND MD, ROGER C, WICHITA, KS
BONEBRAKE MD, C RICHARD, TOPEKA, KS
BOOTH MD, JENNIFER L, ALBUQUEROUE, NM
BOREL MD, DAVID, TOPEKA, KS
BORGE MD, CARLOS A, TOPEKA, KS
BORGENDALE MD, LLEWELLYN V, WAMEGO, KS
BORRA MD, MARIO J, HUTCHINSON, KS
BOS MD, NORMAN C, HUTCHINSON, KS
BOSILEVAC MD, FRED N, KANSAS CITY, KS
BOSILJEVAC JR MD, JOSEPH E, EMPORIA, KS
BOSSEMEYER II MD, CHARLES H, SALINA, KS
BOTTS MD, LARRY D, SHAWNEE MISSION, KS
BOUD MD, THOMAS J, OLATHE, KS
BOUDREAUX MD, VELTIN J, WICHITA, KS
BOWEN JR MD, HARRY J, TOPEKA, KS
BOWEN MD, CLOVIS W, TOPEKA, KS
BOWEN MD, JUDITH M, TOPEKA, KS
BOWERMAN MD, ROBERT F, HAYS, KS
BOWLES MD, MARK H, WICHITA, KS
BOWLIN D O, SCOTT E, SHAWNEE MISSION, KS
BOXBERGER MD, GREGORY R, WICHITA, KS
BOYCE MD, MARY C, WICHITA, KS
BOYD MD, HAROLD D, CANTONMENT, FL
BOYD MD, Z REX, WICHITA, KS
BOYDEN MD, MARY S, LAWRENCE, KS
BOYER MD, DEBORAH A, TOPEKA, KS
BOYER MD, ROBERT E, KINGMAN, KS
BRACK MD, JULIE D, SHAWNEE MISSION, KS
BRACKETT JR MD, CHARLES E, KANSAS CITY, KS
BRADA MD, DONALD R, WICHITA, KS
BRADEN MD, BILL L, WAMEGO, KS
BRADFORD, DONNELL L, THE WOODLAND, TX
BRADLEY MD, H RUSSELL, EMPORIA, KS
BRADLEY MD, J RODERICK, GREENSBURG, KS
BRADLEY MD, JAMES K, KANSAS CITY, MO
BRADLEY MD, KENT R, WICHTIA, KS
BRADY MD, MARK D, WICHITA, KS
BRAKE MD, DAVID, WICHITA, KS
BRANDSTED MD, ERNEST C, MC PHERSON, KS
BRANDSTED MD, MARK W, TOPEKA, KS
BRANDT, JOHN F, KANSAS CITY, KS
BRANSON MD, VERNON L, LAWRENCE, KS
BRAUN III MD, WILLIAM T, WICHITA, KS
BRAUN MD, EDWARD W, FORT SCOTT, KS
BRAUN MD, KENNETH, WICHITA, KS
BRAUN MD, ROBERT W, TOPEKA, KS
BRAUN MD, STEVEN D, HUTCHINSON, KS
BRAUN MD, WILLIAM T, PORT ORANGE, FL
BRECHEISEN MD, NANCY L, WICHITA, KS
BRECKBILL MD, DAVID L, WICHITA, KS
BREIT MD, SHARON K, WICHITA, KS
BRENNER MD, CYNTHIA L, HAYS, KS
BRETHOUR MD, LESLIE J, JUNCTION CITY, KS
BREWER MD, ALAN R, WICHITA, KS
BREWER MD, MARSHALL A, ULYSSES, KS
BREWER MD, SUSAN J, TOPEKA, KS
BRIAN MD, DAVID A, DODGE CITY, KS
BRIDWELL MD, RUSSELL E, TOPEKA, KS
BRILLHART MD, MAXINE T, KANSAS CITY, KS
BRINTON MD, EDWARD S, WICHITA, KS
BROCKHOUSE MD, JOHN P, EMPORIA, KS
BRODSKY MD, TRINA A, TOPEKA, KS
BROOKS D O, CYNTHIA J, NEWTON, KS
BROOKS MD, CHARLES L, OLATHE, KS
BROOKS MD, LYLE, WICHITA, KS
BROOKS MD, RICHARD J, NEWTON, KS
BROOKS MD, WILLIAM H, KANSAS CITY, KS
BROSIUS MD, FRANK C, WICHITA, KS
BROSSARD MD, IRIS, WICHITA, KS
BROWN JR MD, VAL J, WICHITA, KS
BROWN MD, C EVERETT, FORT WORTH, TX
BROWN MD, C REIFF, GREAT BEND, KS
BROWN MD, DAVID J, WICHITA, KS
BROWN MD, FRED E, SALIDA, CO
BROWN MD, JEFFERY C, WICHITA, KS
BROWN MD, M DAVID, SHAWNEE MISSION, KS
BROWN MD, MICHAEL P, WICHITA, KS
BROWN MD, MICHELLE R, WICHITA, KS
BROWN MD, RANDALL J, MARYSVILLE, KS
BROWN MD, ROBERT A, WINFIELD, KS
BROWN MD, ROBERT L, WICHITA, KS
BROWN MD, ROBERT O, AUBURN, AL
BROWN MD, ROBERT W, SALINA, KS
BROWN MD, RONALD C, WICHITA, KS
BROWN MD, RONALD L, WICHITA, KS
BROWN MD, WILLIAM R, SHAWNEE MISSION, KS
BROWN SR MD, VAL J, WICHITA, KS
BROWN-SANDERS MD, CAROLINE, LEE'S SUMMIT, MO
BROWN, NORAH E, KANSAS CITY, KS
BROWNE, CHRISTOPHER A, KANSAS CITY, KS
BROWNING MD, JIMMIE L, CLAY CENTER, KS
BROWNING MD, WILLIAM H, WICHITA, KS
BROXTERMAN MD, STEVEN JOSEPH, SHAWNEE MISSION, KS
BROZEK MD, JEFFREY E, GREAT BEND, KS
BRUCE MD, KAREN E, TOPEKA, KS
BRUMMETT MD, RICHARD R, KANSAS CITY, MO
BRUN MD, MICHAEL E, SHAWNEE MISSION, KS
BRUNER JR MD, KENNETH W, TOPEKA, KS
BRUNER MD, BRADLEY W, WICHITA, KS
BRUNFELDT MD, JOAN KRAUS, LAWRENCE, KS
BRUNGARDT MD, BERNARD A, SALINA, KS
BRUNGARDT MD, GERARD S, WICHITA, KS
BRUNING MD, DANIEL L, SHAWNEE MISSION, KS
BRUNING MD, ROGER M, SHAWNEE MISSION, KS
BRUNNER MD, CHRIS N, WICHITA, KS
BRUNO MD, JAMES W, GARDEN CITY, KS
BRYAN MD, EMERY C, ERIE, KS
BRYANT MD, R KEVIN, WICHITA, KS
BUBB MD, STEPHEN K, SHAWNEE MISSION, KS
BUBECK MD, RALPH W, WICHITA, KS
BUBENIK MD, OLDRICH V, PHILLIPSBURG, KS
BUCK JR MD, BEN H, WICHITA, KS
BUCK JR MD, HENRY W, LAWRENCE, KS
BUCK JR MD, WILLIAM D, BLUE RAPIDS, KS
BUCKMAN MD, MARTIN SPALDING, SHAWNEE MISSION, KS
BUDETTI MD, JOSEPH A, N MIAMI BEACH, FL
BUHR MD, BRUCE R, WICHITA, KS
BULA MD, RALPH E, HAYS, KS
BULLER MD, DAVID L, MC PHERSON, KS
BURES JR MD, GEORGE J, SHAWNEE MISSION, KS
BURGER MD, PAUL B, SHAWNEE MISSION, KS
BURGESON MD, FRANK G, EMPORIA, KS
BURGESS MD, ARTHUR P, LAWRENCE, KS
BURGETT, PAUL M, WICHITA, KS
BURKE MD, JAMES J, FORT SCOTT, KS
BURKE MD, JOSEPH V, ATCHISON, KS
BURKE MD, MICHAEL J, WICHITA, KS
BURKET JR MD, GEORGE E, KINGMAN, KS
BURKMAN MD, REUBEN J, CHANUTE, KS
BURNETT D O, MICHAEL E, TOPEKA, KS
BURNETT DO, LARRY E, SALINA, KS
BURNETT MD, A DEAN, HALSTEAD, KS
BURNEY MD, WILLIAM W, WICHITA, KS
BURNS, BRYAN W, SHAWNEE MISSION, KS
BURPEE MD, JAMES F, WICHITA, KS
BURRIS, JULIE R, WICHITA, KS
BURT MD, RONALD J, LAWRENCE, KS
BURTNER, JENNIFER J, KANSAS CITY, KS
BURTNETT, LAWANA M, WICHITA, KS
BUSER MD, WILLIAM D, SHAWNEE MISSION, KS
BUSHELL, KRISTEN, OMAHA, NE
BUSKIRK MD, JAMES R, TOPEKA, KS
BUSTOS MD, JONAS G, HERINGTON, KS
BUTCHER MD, THOMAS P, EMPORIA, KS
BUTH MD, DENNIS K, WICHITA, KS
BUTIN MD, J WALKER, WICHITA, KS
BUTLER MD, DORIS C, WICHITA, KS
BUTRICK MD, CHARLES W, SHAWNEE MISSION, KS
BUTT MD, MUHAMMED, CLAY CENTER, KS
BYERS MD, JONELL, SALINA, KS
BYRAM MD, MELANIE S, COUNCIL GROVE, KS

C

CABRERA MD, ALBERT, MC PHERSON, KS
CABRERA MD, ANTHONY J, KANSAS CITY, KS
CABRERA MD, ARNOLD R, KANSAS CITY, KS
CACHIA MD, RICHARD M, TOPEKA, KS
CAEDO MD, CARMELITA D, LIBERAL, KS
CALBECK MD, JOHN, GARDEN CITY, KS
CALDERON MD, JAIME, KANSAS CITY, KS
CALIENDO JR MD, DANIEL J, WICHITA, KS
CALKINS MD, JOHN W, KANSAS CITY, KS
CALKINS MD, LARRY L, SHAWNEE MISSION, KS
CALLAWAY MD, PAUL, WICHITA, KS
CAMERON MD, JEFF W, SHAWNEE MISSION, KS
CAMPBELL MD, EDWARD G, EMPORIA, KS
CAMPBELL MD, LINDA H, SHAWNEE MISSION, KS
CAMPBELL MD, ROBERT P, TOPEKA, KS
CAMPBELL MD, WILLIAM H, COFFEYVILLE, KS
CAMPION MD, MARY K, WICHITA, KS
CANNATA MD, GENE, GREENSBURG, KS
CANNON MD, MICHAEL W, WICHITA, KS
CAO MD, THAI H, KANSAS CITY, KS
CAPPER MD, STANLEY L, WICHITA, KS
CARABETTA MD, VITO J, OLATHE, KS
CARLILE MD, WILLIAM E, WICHITA, KS
CARLSON MD, EARL V, HAYS, KS
CARLSON MD, ERIC A, HUTCHINSON, KS
CARLSON MD, MARK D, PITTSBURG, KS
CARLSON MD, TERRY S, WICHITA, KS
CARLSSON MD, E R, LINDSBORG, KS
CARNEY MD, LISA A, TOPEKA, KS
CARNEY MD, SUSAN M, SHAWNEE MISSION, KS
CARPENTER MD, PAUL R, KANSAS CITY, KS
CARPER MD, IVAN H, GARDEN CITY, KS
CARPER MD, OWEN E, NEWTON, KS
CARPINO MD, STEPHANIE SHEAR, SHAWNEE MISSION, KS
CARREAU MD, ERNEST P, CEDAREDGE, CO
CARRICO D O, JEROME M, BELOIT, KS
CARRIKER MD, CRISTINE G, SHAWNEE MISSION, KS
CARRO MD, ALBERTO F, WICHITA, KS
CARRO MD, ANTONIO L, MULVANE, KS
CARVER MD, DEBORAH L, TOPEKA CITY, KS
CARVER MD, RONALD C, LUBBOCK, TX
CASADY MD, ROGER L, YORK, PA
CASEY MD, JAMES L, HUTCHINSON, KS
CASHMAN JR MD, MAURICE R, TOPEKA, KS
CASTEEL MD, CHARLES K, SHAWNEE MISSION, KS
CASTEEN MD, JOHN A, TOPEKA, KS
CASTLEMAIN MD, BRIAN D, SHAWNEE MISSION, KS
CASTRISOS MD, JAMES C, WICHITA, KS
CATHCART-RAKE MD, WILLIAM F, SALINA, KS
CATHEY MD, ROBERT H, MANHATTAN, KS
CATTANEO MD, ERNEST A, SHAWNEE MISSION, KS
CATTANEO MD, JOHN E, SHAWNEE MISSION, KS
CAUBLE MD, WILBUR G, WICHITA, KS
CAUGHLIN MD, GERALD M, WICHITA, KS
CAVANAUGH MD, CLAIR J, GREAT BEND, KS
CAVANAUGH MD, TERRENCE J, GREAT BEND, KS
CAWLEY MD, LEO P, SCOTTSDALE, AZ
CECIL III MD, JOHN, SHAWNEE MISSION, KS
CEDENO MD, PHILIP A, PRATT, KS
CEDERLIND MD, CRANSTON JAY, SHAWNEE MISSION, KS
CHAFFEE MD, BRYAN G, NEWTON, KS
CHAFFEE MD, DEAN C, ABILENE, KS

CHAFFEE MD, TERRY L, KANSAS CITY, KS
CHALIAN MD, ALEXANDER R, KANSAS CITY, KS
CHALLA MD, SHEKHAR K, TOPEKA, KS
CHAMBERLIN JR MD, CECIL R, PORTLAND, OR
CHANEY MD, ERNIE J, WICHITA, KS
CHANG MD, C H JOSEPH, KANSAS CITY, KS
CHANG MD, FREDERIC C, WICHITA, KS
CHAPMAN D O, THOMAS C, WICHITA, KS
CHAPMAN MD, RANDELL B, DERBY, KS
CHARD MD, FREDERICK H, WICHITA, KS
CHAVES MD, ENRIQUE, KANSAS CITY, MO
CHAVEZ MD, CARLOS A, HOLTON, KS
CHAVEZ MD, STEVE, WICHITA, KS
CHEDIAK MD, ELIAS, LAWRENCE, KS
CHEN MD, CHU-CHI, TOPEKA, KS
CHEN MD, EDWARD C, SHAWNEE MISSION, KS
CHEN MD, TAK-MING, TOPEKA, KS
CHENG MD, KOON-LIM, KANSAS CITY, KS
CHENG MD, MEI Y, WICHITA, KS
CHERAY MD, JAMES A, SHAWNEE MISSION, KS
CHERNOFF MD, MARY A, KANSAS CITY, KS
CHERRY JR MD, ARTHUR C, TOPEKA, KS
CHERVEN MD, PHILIP L, WICHITA, KS
CHEUNG MD, LAURENCE Y, KANSAS CITY, KS
CHHATRE MD, MADHUKAR, KANSAS CITY, KS
CHI MD, IL-SUNG, WICHITA, KS
CHILLAL MD, PANDURANG P, COFFEYVILLE, KS
CHIN MD, TOM D, KANSAS CITY, KS
CHIRRA, ANNAPOORNA R, KANSAS CITY, KS
CHO MD, CHENG T, KANSAS CITY, KS
CHO MD, SECHIN, WICHITA, KS
CHOI MD, PHILIP S, PARSONS, KS
CHONG MD, SUNG P, WICHITA, KS
CHONKO MD, ARNOLD M, KANSAS CITY, KS
CHOPRA MD, RAMAN, WICHITA, KS
CHOTIMONGKOL MD, ANUPONG, DODGE CITY, KS
CHOW MD, STANLEY Y, FORT SCOTT, KS
CHOW-SAUTER, ALANA M, KANSAS CITY, KS
CHOY MD, JAMES K L, SUN CITY WEST, AZ
CHRISTENSEN MD, ERIC C, KANSAS CITY, MO
CHRISTENSEN MD, MARION D, KIOWA, KS
CHRISTENSEN MD, SHANE R, KANSAS CITY, MO
CHRISTIAN MD, MARY, WICHITA, KS
CHRISTMAN JR MD, CARL, WICHITA, KS
CHRONISTER MD, BERT, NEODESHA, KS
CHUNG MD, JOHN J, LINCOLN, NE
CISKEY MD, WILLIAM J, KANSAS CITY, MO
CLAASSEN MD, MILTON A, NEWTON, KS
CLAASSEN MD, SAMUEL D, MC PHERSON, KS
CLAIBORNE MD, RICHARD A, WICHITA, KS
CLARK MD, COURTNEY, WICHITA, KS
CLARK MD, CRAIG N, TOPEKA, KS
CLARK MD, DAVID H, LINDSBORG, KS
CLARK MD, LAURENCE A, WAMEGO, KS
CLARK MD, ROBERT G, WICHITA, KS
CLARK, STEPHEN D, WICHITA, KS
CLAWSON MD, D KAY, LEXINGTON, KY
CLEMENTS, THAD A, KANSAS CITY, KS
CLIFTON MD, H DAVID, WICHITA, KS
CLINE MD, BYRON W, WICHITA, KS
CLOUGH MD, JOHN A, KANSAS CITY, KS
COALE MD, LLOYD H, SHAWNEE MISSION, KS
COATES MD, SCOTT D, CHANUTE, KS
COATS MD, BARBARA S, WICHITA, KS
COBB MD, JEANNINE M, WICHITA, KS
COBB MD, LESLIE H, MULVANE, KS
COCHRAN MD, KIMBERLY A, OLATHE, KS
COHEN MD, JUSTIN T, WICHITA, KS
COHEN MD, LOUIS, TOPEKA, KS
COHEN MD, ROBERT A, SHAWNEE MISSION, KS
COHLMIA MD, JERRY B, WICHITA, KS
COKER MD, W LAURENCE, TOPEKA, KS
COKINGTIN MD, CLIFTON D, SHAWNEE MISSION, KS
COLE MD, WARD M, WELLINGTON, KS
COLEMAN MD, GARY, ABILENE, KS
COLEMAN MD, ROBERT L, SHAWNEE MISSION, KS
COLEMAN MD, THOMAS J, WICHITA, KS
COLEY D O, MICHAEL E, EL DORADO, KS
COLIP MD, FLOYD M, NORTON, KS
COLIP, MICHAEL F, KANSAS CITY, KS
COLLIER MD, HAROLD W, WICHITA, KS
COLLIER MD, WILLIAM J, MC PHERSON, KS
COLLINS MD, DEAN T, TOPEKA, KS
COLLINS MD, EDWARD J, TOPEKA, KS
COLYER MD, JEFFREY W, KANSAS CITY, MO
CONANT MD, FERRILL R, SMITH CENTER, KS
CONANT MD, MERRILL, DODGE CITY, KS
CONARD MD, CLAIR C, DODGE CITY, KS
CONCANNON MD, CRAIG A, BELOIT, KS
CONCEPCION JR MD, EUGENIO S, WICHITA, KS
CONNER MD, BRIAN, SALINA, KS
CONNETT MD, BRADLEY D, OLATHE, KS
CONOVER MD, MARGARET A, TOPEKA, KS
CONROW MD, JEFFREY K, TOPEKA, KS
COOK D O, RANDY A, HAYS, KS
COOK MD, D RAY, WICHITA, KS
COOK MD, G EDWARD, WICHITA, KS
COOK MD, KAROLYN M, LARNED, KS
COOK MD, THEODORE R, LARNED, KS
COOKE MD, BRIAN D, KANSAS CITY, KS
COOLEY MD, DAVID A, SHAWNEE MISSION, KS
COOLEY MD, DENNIS M, TOPEKA, KS
COOLIDGE MD, THOMAS T, TOPEKA, KS
COOMER MD, TYLER E, PITTSBURG, KS
COON MD, STEPHEN D, TOPEKA, KS
COONROD MD, SCOTT A, MANHATTAN, KS
COOPER MD, ARTHUR E, NORTON, KS
COOPER MD, CATHY N, EL DORADO, KS
COOPER MD, JACK R, SHAWNEE MISSION, KS
COOPER MD, JAMES L, SALINA, KS
COOPER MD, LEO F, DREXEL, MO
COOPER MD, M KENT, WICHITA, KS
COPPLE JR MD, HAL E, TOPEKA, KS
CORDELL MD, LARRY D, SHAWNEE MISSION, KS
CORDER MD, ROBERT L, MESA, AZ
CORNELL MD, EARL G, PARSONS, KS
CORNITIUS MD, TIMOTHY G, DODGE CITY, KS
COSENS D O, BRENT L, FORT SCOTT, KS
COSSETTE MD, JERROLD E, SALINA, KS
COSSMAN MD, F PRICE, WICHITA, KS
COSTA MD, JOHN A, LAWRENCE, KS
COSTELLO MD, J W, PRATT, KS
COTTON MD, ROBERT T, TOPEKA, KS
COULON MD, GERARD, TOPEKA, KS
COULTER D O, THAYNE A, CLYDE, KS
COULTER MD, HENRY F, SHAWNEE MISSION, KS
COULTER MD, THOMAS B, SHAWNEE MISSION, KS
COVERT MD, THOMAS J, SALINA, KS
COVILLO D O, FREDERICK V, KANSAS CITY, KS
COWLEY MD, CARLOS A, WICHITA, KS
COX D O, DEON M, CHICAGO, IL
COX III MD, IRA L, KANSAS CITY, KS
COX JR MD, IRA, SHAWNEE MISSION, KS
COX MD, GLENDON G, KANSAS CITY, KS
COX MD, MICHAEL R, TOPEKA, KS
COX MD, ROBERT H, HAYS, KS
CRADDOCK MD, TERRY M, WICHITA, KS
CRAIG MD, CHARLES C, NEWTON, KS
CRAIG MD, THOMAS A, JUNCTION CITY, KS
CRAM JR MD, OLE R, LARNED, KS
CRAM MD, ERNEST R, ST FRANCIS, KS
CRANE MD, CHARLES H, MANHATTAN, KS
CRANE MD, DAVID D, WICHITA, KS
CRARY MD, JOHN E, TOPEKA, KS
CREDITOR MD, MORTON C, SHAWNEE MISSION, KS
CREEK D O, ALAN D, SHAWNEE MISSION, KS
CRISP-LINDGREN MD, NAOMA, WICHITA, KS
CRONIN MD, DONALD J, WICHITA, KS
CROOK MD, DIANA R, WICHITA, KS
CROSS LOCKE, KAREN K, DEL RIO, TX
CROUCH MD, STEVEN W, TOPEKA, KS
CROUCH MD, WILLIAM H, TOPEKA, KS
CROW MD, ERNEST W, WICHITA, KS
CROWLEY MD, EDWARD X, WICHITA, KS
CROWNS, KENDALL V, KANSAS CITY, KS
CULLAN MD, GEORGE E, HUTCHINSON, KS
CULLAN MD, SAMUEL K, KANSAS CITY, MO
CULP MD, LOUIS M, KANSAS CITY, KS
CULVER D O, SONYA K, ERIE, KS
CULVER MD, WARREN T, LAWRENCE, KS
CUMMINGS MD, RICHARD J, WICHITA, KS
CUPPAGE MD, FRANCIS E, KANSAS CITY, KS
CURTIS MD, JEFFERY L, TOPEKA, KS
CVETKOVICH MD, LORNA L, WICHITA, KS
CZAPANSKY-BEILMAN MD, DESIREE, WICHITA, KS

D

D'SOUZA MD, BISMARCK C, SALINA, KS
DADKHAH MD, NADER, KANSAS CITY, KS
DAHL MD, DAVID C, KANSAS CITY, KS
DAILY MD, DONNA K, KANSAS CITY, KS
DAIZ MD, ANTONIO S, PARSONS, KS
DAKHIL MD, SHAKER R, WICHITA, KS
DALE MD, DENNIS M, KANSAS CITY, KS
DALENBERG MD, DALE D, LEAVENWORTH, KS
DAMMON JR MD, JAMES W, TOPEKA, KS
DANBY MD, JOHN H, WICHITA, KS
DANIELS MD, HERBERT A, KANSAS CITY, KS
DANIELS MD, ROBERT M, VALLEY CENTER, KS
DANIELS PETRAKIS, PATRICIA M, KANSAS CITY, KS
DARABANT MD, TITUS E, JUNCTION CITY, KS
DARRAH MD, JOY N, WICHITA, KS
DAS MD, KRISHNA L, GARDEN CITY, KS
DATTILO MD, RAYMOND, TOPEKA, KS
DAUGHETY MD, TED W, TOPEKA, KS
DAVIA MD, JAMES E, SHAWNEE MISSION, KS
DAVIDSON D O, ALAN N, STERLING, KS
DAVIDSON MD, RANDY G, WICHITA, KS
DAVIES MD, JONATHAN W R, BROADVIEW HEIGHTS, OH
DAVIS MD, CHESTER R, TOPEKA, KS
DAVIS MD, CHRISTOPHER G, KANSAS CITY, KS
DAVIS MD, DAVID R, EMPORIA, KS
DAVIS MD, DIRK B, KANSAS CITY, KS
DAVIS MD, MATTHEW F, SHAWNEE MISSION, KS
DAVIS MD, PAUL H, WICHITA, KS
DAVIS MD, PAULA J, KANSAS CITY, KS
DAVIS MD, RICHARD E, KANSAS CITY, MO
DAVIS MD, RONALD B, WICHITA, KS
DAVIS MD, W D, HUTCHINSON, KS
DAVIS, KENT S, KANSAS CITY, KS
DAVIS, MARTI RUE, SHAWNEE MISSION, KS
DAVISON MD, JOE D, WICHITA, KS
DAY MD, HOWARD, WICHITA, KS
DE ARMOND MD, LYNDA B, ARKANSAS CITY, KS
DE BAKKER MD, JAN B, WICHITA, KS
DE BOISE MD, DOUGLAS, WICHITA, KS
DE HART MD, ARTHUR DONIVA, WICHITA, KS
DE SILVA MD, MAHASEN T, TOPEKA, KS
DE WITT MD, BARBARA L, WICHITA, KS
DEAN MD, DAVID P, WICHITA, KS
DECKER MD, DONALD D, HALSTEAD, KS
DEGNER MD, JAMES C, WICHITA, KS
DEGNER MD, REX A, GREAT BEND, KS
DEITZ MD, MICHAEL R, KANSAS CITY, MO
DELCORE MD, ROMANO, KANSAS CITY, KS
DELGADO MD, SERGIO, TOPEKA, KS
DELGADO MD, SERGIO V, TOPEKA, KS
DELMORE MD, JAMES E, WICHITA, KS
DELPHIA MD, ROBERT E, OLATHE, KS
DEMCZUK MD, ROXOLANA J, SHAWNEE MISSION, KS
DEMOSS MD, ELEANOR P, WICHITA, KS
DEMOTT MD, WAYNE R, KANSAS CITY, KS
DEMSKI MD, STANLEY L, HUTCHINSON, KS
DENISON MD, TERRY R, SHAWNEE MISSION, KS
DENNETT, MIKE A, KANSAS CITY, KS
DENNING MD, DALE P, LAWRENCE, KS
DENNING MD, DIANA F, WICHITA, KS
DENNING MD, PATRICIA M, LAWRENCE, KS
DENNIS MD, DAVID T, SALINA, KS
DENNIS MD, MICHAEL W, SHAWNEE MISSION, KS
DEPENBUSCH MD, FRANCIS L, HUTCHINSON, KS
DEPEW MD, CLIFFORD S, WICHITA, KS
DERKSEN DO, LARRY A, GODDARD, KS
DERRINGTON MD, KENNETH L, SHAWNEE MISSION, KS
DESAI MD, SAMIR R, TOPEKA, KS
DETAR NEWBERT MD, LEANNE, BONNER SPRINGS, KS
DETURK MD, DWAYNE L, SALINA, KS
DEVINE MD, JOHN P, MANHATTAN, KS
DEVINE MD, ROBERT P, SHAWNEE MISSION, KS
DEVINS MD, GEORGE S, KANSAS CITY, MO
DEVOSS MD, MARK R, WICHITA, KS
DEWITT MD, PETER, WICHITA, KS
DIALLO MD, GASTON I, LEAVENWORTH, KS
DIANO, MARCEL L, BREA, CA
DICK JR MD, HENRY J, EMPORIA, KS
DICK MD, WILLIS G, BAKERSFIELD, CA
DICKEY MD, SUSAN D, ROCHESTER, MN
DICKINSON MD, CHARLES R, COFFEYVILLE, KS
DIEHL MD, ANTONI M, SHAWNEE MISSION, KS
DIENER MD, CLAYTON H, HESSTON, KS
DILL MD, RODNEY S, FORT SCOTT, KS
DILLARD MD, SANDY R, WICHITA, KS
DILLON MD, STEVEN C, LAWRENCE, KS
DILLON MD, WILLIAM L, PARSONS, KS
DINGES MD, DAVID L, WICHITA, KS
DINSDALE MD, ROBERT C, LAWRENCE, KS
DISMUKE MD, S EDWARDS, WICHITA, KS
DOAN MD, TRINAH, WICHITA, KS
DOBBS MD, MICHAEL E, HUTCHINSON, KS
DOBRATZ MD, ROBERT A, BELOIT, KS
DOCKHORN MD, ROBERT J, SHAWNEE MISSION, KS
DOEBLIN MD, P LAURENCE, WICHITA, KS
DOERRY MD, KAREN E, GREAT BEND, KS
DOLAN JR MD, PHILIP JARVIS, WICHITA, KS
DOMME JR MD, SYLVESTER A, WICHITA, KS
DONATELLE MD, EDWARD P, EDINA, MN
DONEPUDI MD, RAO S, TOPEKA, KS
DONNELL MD, JAMES M, WICHITA, KS
DOORNBOS MD, DANIEL C, WICHITA, KS

DORN MD, CURTIS C, WICHITA, KS
DORSCH MD, JOHN N, WICHITA, KS
DORZAB MD, LINDA L, SHAWNEE MISSION, KS
DOSS MD, J RICHARD, HAYS, KS
DOUBEK MD, DEBRA L, MANHATTAN, KS
DOUBEK MD, HERBERT D, BELLEVILLE, KS
DOUTHIT MD, DOUGLAS D, WICHITA, KS
DOWLATSHAHI MD, MORTEZA, SHAWNEE MISSION, KS
DOWNING MD, GREGORY C, WICHITA, KS
DRAEMEL MD, H RICHARD, SALINA, KS
DRAKE MD, CYNTHIA K, SHAWNEE MISSION, KS
DRAKE MD, DOUGLAS J, BELOIT, KS
DRAKE MD, RALPH L, WICHITA, KS
DRASIN MD, DENA K, SHAWNEE MISSION, KS
DRAZEK MD, GEORGE, WICHITA, KS
DRAZEK MD, JANE K, WICHITA, KS
DREES, CHRISTINE A, KANSAS CITY, KS
DREHER MD, HENRY S, SALINA, KS
DREILING MD, ROGER J, SHAWNEE MISSION, KS
DREVETS MD, CURTIS C, WICHITA, KS
DU PUIS MD, JOHN G, WICHITA, KS
DUCKETT II MD, THOMAS G, SHAWNEE MISSION, KS
DUCKETT MD, THOMAS G, HIAWATHA, KS
DUDGEON MD, MAUREEN, SHAWNEE MISSION, KS
DUGAN MD, DAVID L, WICHITA, KS
DUGGINS MD, MAURICE L, WICHITA, KS
DUICK MD, GREGORY, WICHITA, KS
DUJOVNE MD, CARLOS A, KANSAS CITY, KS
DULIN MD, JOSE I, KANSAS CITY, KS
DUNCAN MD, KIRK A, SHAWNEE MISSION, KS
DUNDEE MD, JOHN T, OTTAWA, KS
DUNIVEN MD, PHILIP L, TOPEKA, KS
DUNKIN, CHRISTOPHER L, SHAWNEE MISSION, KS
DUNLAP MD, RICHARD L, LAWRENCE, KS
DUNN MD, DANIEL R, SCOTT CITY, KS
DUNN MD, MARVIN I, KANSAS CITY, KS
DUNSHEE MD, CARLYLE M, FORT SCOTT, KS
DUNSHEE, CARLYLE M, KANSAS CITY, KS
DURANO MD, ANTONIO C, WICHITA, KS
DURKEE MD, WILLIAM R, MANHATTAN, KS
DURST JR MD, ROBERT D, TOPEKA, KS
DUTTON MD, KARRI D, INDEPENDENCE, KS
DUYSAK MD, SAMI, LEAVENWORTH, KS
DYCK MD, ERIC L, OLATHE, KS
DYCK MD, GEORGE, WICHITA, KS
DYE MD, DIANNA P, INDIANAPOLIS, IN
DYSART MD, JACK C, STERLING, KS

E

EARLY MD, JAMES L, WICHITA, KS
EASTES MD, GARY D, HALSTEAD, KS
EATON MD, EDWARD L, TOPEKA, KS
EATON MD, GLEN E, SALINA, KS
EATON MD, LESLIE F, SALINA, KS
EBELING MD, JOHN D, TOPEKA, KS
ECKART MD, DE MERLE E, HUTCHINSON, KS
ECKERT BOWLING, CYNTHIA S, OMAHA, NE
EDALATI MD, DAVID, OTTAWA, KS
EDDS MD, BRECK A, TOPEKA, KS
EDDY MD, VICTOR M, HAYS, KS
EDELL, THOMAS A, SAN ANTONIO, TX
EDMONDS MD, MARTA J, GREAT BEND, KS
EDWARDS MD, DAVID J, EMPORIA, KS
EDWARDS MD, MANIS C, WICHITA, KS
EDWARDS-GARLAND MD, SHELLEY J, SHAWNEE MISSION, KS
EGBERT MD, ANNE M, WICHITA, KS
EGELHOF MD, RICHARD H, WICHITA, KS
EICHHORN MD, FRANK D, GARDEN CITY, KS
EINSPAHR MD, DAVID E, TOPEKA, KS
EKENGREN MD, FRANCIE H, WICHITA, KS
EKENGREN MD, HUGH I, WICHITA, KS
EL-GHAZZAWY MD, ADEL G, ST LOUIS, MO
EL-SHIEKH MD, BRENDA, KANSAS CITY, KS
ELANGOVAN MD, SUDHA, WICHITA, KS
ELCOCK MD, DAVID G, SHAWNEE MISSION, KS
ELDER MD, D MIKEL, TOPEKA, KS
ELLIS D O, SCOTT A, PARSONS, KS
ELLIS MD, S CHRISTOPHER, SHAWNEE MISSION, KS
ELLIS MD, BOBBY J, INDEPENDENCE, KS
ELLIS MD, HOWARD D, SHAWNEE MISSION, KS
ELLIS MD, LAVELLE A, WICHITA, KS
ELLISON MD, PAUL D, SALINA, KS
ELSON MD, BRUCE C, WICHITA, KS
EMAMI MD, ABBAS, KANSAS CITY, KS
EMMOTT MD, DAVID F, SHAWNEE MISSION, KS
EMORY MD, JEFF, KANSAS CITY, KS
EMPSON MD, CHARLES L, INDEPENDENCE, KS
ENDERS MD, WRAY, SHAWNEE MISSION, KS
ENGELKEN MD, MICHAEL K, TOPEKA, KS
ENGELKEN MD, SUSAN F, ONAGA, KS
ENNS MD, EUGENE K, NEWTON, KS
ENNS MD, JAMES H, LAS VEGAS, NV
ENOCH MD, ROLLAND K, WICHITA, KS
ENS MD, GERHARD G, HILLSBORO, KS
ENSROTH MD, KENNETH A, TOPEKA, KS
EPLEE MD, JOHN R, ATCHISON, KS
EPP MD, GALEN W, OLATHE, KS
ERENBERG MD, ALLEN, KANSAS CITY, KS
ERICKSON MD, KENT E, CLAY CENTER, KS
ERNST MD, TARI MAE, WICHITA, KS
ESCH MD, JOHN G, ISLAND PARK, ID
ESRIG D O, HAROLD L, SHAWNEE MISSION, KS
ESTEP MD, THOMAS H, WICHITA, KS
ESTES MD, NORMAN C, KANSAS CITY, KS
ESTIVO D O, MICHAEL P, WICHITA, KS
ESTRADA MD, EDMUNDO C, LIBERAL, KS
ETZENHOUSER III MD, RUSSELL D, SHAWNEE MISSION, KS
EVANS MD, CAROL A, SHAWNEE MISSION, KS
EVANS MD, GENE H, WICHITA, KS
EVANS MD, JOHN F, TOPEKA, KS
EVANS MD, ROGER W, WICHITA, KS
EVANS MD, WILLIAM R, GREAT BEND, KS
EVANS, KIRSTEN E, KANSAS CITY, KS
EWING, WENDY C, KANSAS CITY, KS
EYSTER MD, ROBERT L, WICHITA, KS

F

FABIAN MD, CAROL J, KANSAS CITY, KS
FAERBER MD, THOMAS H, SHAWNEE MISSION, KS
FAHRENHOLTZ MD, RANDALL K, WICHITA, KS
FAIRCHILD MD, RICHARD S, TOPEKA, KS
FAJARDO MD, JEFFREY, WICHITA, KS
FALTER MD, RICHARD T, HUTCHINSON, KS
FARHA MD, AYHAM J, WICHITA, KS
FARHA MD, GEORGE J, WICHITA, KS
FARHA MD, S JIM, WICHITA, KS
FARHAT MD, ASSEM Z, WICHITA, KS
FARLEY MD, JAMES A, WICHITA, KS
FARMER III DO, F J, STAFFORD, KS
FARMER MD, SUSAN E, TOPEKA, KS
FARO MD, SEBASTIAN, KANSAS CITY, KS
FAST D O, JAMES I, HUTCHINSON, KS
FAST MD, GARY A, OSKALOOSA, IA
FAST MD, W SPENCER, ATCHISON, KS
FAULK MD, L CHRISTINE, WICHITA, KS
FEAGAN MD, JERRY H, TOPEKA, KS
FEAREY MD, ALAN J, WICHITA, KS
FEEHAN MD, JOHN M, OLATHE, KS
FEIFAREK MD, MICHAEL J, TOPEKA, KS
FELDMEYER MD, SEELEY T, MEADE, KS
FELT MD, SAMUEL E, WICHITA, KS
FENT II MD, LEE S, NEWTON, KS
FENT MD, LEE S, NEWTON, KS
FENTON MD, ROBERT M, GARDEN CITY, KS
FERGUSON DO, ELAINE L, SALINA, KS
FERNANDEZ MD, HECTOR O, WICHITA, KS
FERNANDEZ MD, LUIS A, LAKE WORTH, FL
FERREE MD, RICHARD A, MC PHERSON, KS
FERRIS MD, BRUCE G, WICHITA, KS
FESEN MD, MARK R, HUTCHINSON, KS
FEUILLE JR MD, EDMOND G, WICHITA, KS
FIELD MD, RICHARD A, TOPEKA, KS
FIELD-KRESIE MD, DEBBIE A, TOPEKA, KS
FIELD, CHARLES E, SHAWNEE MISSION, KS
FIELDS D O, STEPHEN, WICHITA, KS
FIELDS MD, GALEN W, MC PHERSON, KS
FIESER MD, CARL W, GREAT BEND, KS
FINK MD, ABRAHAM A, FORT LAUDERDALE, FL
FINLEY MD, BRENT E, SHAWNEE MISSION, KS
FISCHER MD, KENNNETH A, KANSAS CITY, MO
FISCHER MD, REX R, MANHATTAN, KS
FISHER MD, JAMES B, COLORADO SPRINGS, CO
FISHER MD, RAY F, WICHITA, KS
FITZGERALD DO, DAVID J, MARTINEZ, GA
FITZGERALD MD, EDWARD J, WICHITA, KS
FITZIG MD, SANFORD, WICHITA, KS
FITZPATRICK HARRIS MD, PAMELA, SHAWNEE MISSION, KS
FITZSIMMONS MD, CURTIS J, SHAWNEE MISSION, KS
FLANDERS MD, H ALDEN, MC ALLEN, TX
FLANNER MD, FRANK R, LEAVENWORTH, KS
FLATT MD, DAVID R, TOPEKA, KS
FLEMING MD, ROBERT H, WICHITA, KS
FLEMMING MD, DONNA J, WICHITA, KS
FLESKE MD, LEONARD T, GREAT BEND, KS
FLOERSCH MD, HUBERT M, LAWRENCE, KS
FLOWERS JR MD, CLELL B, WICHITA, KS
FLUTER MD, GEORGE G, WICHITA, KS
FLYNN, THOMAS J, KANSAS CITY, KS
FORD MD, CHARLES R, WICHITA, KS
FORDYCE MD, NORMAN, EMPORIA, KS
FOREMAN D O, TOM D, CANEY, KS
FORRED MD, WALTER, WICHITA, KS
FORSTER MD, JAMESON, KANSAS CITY, KS
FORTIN MD, DAVID, LAWRENCE, KS
FOSS MD, DANIEL C, HUTCHINSON, KS
FOWLER MD, DENNIS L, OLATHE, KS
FOWLER MD, ROBERT J, WICHITA, KS
FOWLER MD, WAYNE L, CONCORDIA, KS
FOX MD, DEANNA K, KANSAS CITY, KS
FRANCIS MD, NORTON L, ALBUQUERQUE, NM
FRANCISCO MD, DAN A, WICHITA, KS
FRANCISCO MD, EDGARDO, HORTON, KS
FRANCISCO MD, LINDA L, WICHITA, KS
FRANCISCO MD, W DAVID, KANSAS CITY, KS
FRANK MD, KENNETH J, TEMPLE, TX
FRANK MD, MARY S, TOPEKA, KS
FRANKEL MD, SCOTT J, SHAWNEE MISSION, KS
FRANKLIN JR MD, BENJAMIN A, TOPEKA, KS
FRANSEN MD, PAUL H, HALSTEAD, KS
FREDRICKSON MD, DAVID P, WICHITA, KS
FREDRICKSON MD, DUANE E, LINDSBORG, KS
FREDRICKSON, DANN J, KANSAS CITY, KS
FREEBORN JR MD, WARREN S, CONCORDIA, KS
FREEMAN MD, F GILES, PRATT, KS
FREEMAN MD, FRED A, MANHATTAN, KS
FREEMAN MD, RAYMOND S, SALINA, KS
FRENCH MD, JAMES E, WICHITA, KS
FRENCH MD, JEROME E, WICHITA, KS
FRENKEL MD, JACOB K, SANTA FE, NM
FRESE MD, DANIEL R, COUNCIL GROVE, KS
FRIEDERICH MD, JEFFREY A, WICHITA, KS
FRIESEN MD, DALE, LAWRENCE, KS
FRIESEN MD, DOUGLAS A, HUTCHINSON, KS
FRIESEN MD, ORLANDO J, NORTH NEWTON, KS
FRIESEN MD, RICK W, PRATT, KS
FRIESEN MD, STANLEY R, SHAWNEE MISSION, KS
FRISKEL MD, ERIC D, SHAWNEE MISSION, KS
FRITZ MD, DAVID P, INDIANAPOLIS, IN
FRITZE MD, MARK H, WICHITA, KS
FRITZEMEIER MD, WILLIAM H, WICHITA, KS
FROMER MD, JOEL, WICHITA, KS
FROMM MD, ARTHUR H, WICHITA, KS
FRUECHTING MD, LYNNE A, NEWTON, KS
FRY MD, LUTHER L, GARDEN CITY, KS
FRYE MD, DOUGLAS D, TOPEKA, KS
FUGATE MD, CARL L, BELOIT, KS
FULBRIGHT MD, THOMAS W, LAWRENCE, KS
FULLEN MD, JERYL G, SALINA, KS
FULTON MD, JOHN K, WICHITA, KS
FUNK MD, EDWARD D, EUDORA, KS

G

GABBARD MD, GLEN O, TOPEKA, KS
GABRIELLI JR MD, WILLIAM F, KANSAS CITY, KS
GAGE MD, BETSE M, SHAWNEE MISSION, KS
GALICHIA MD, JOSEPH P, WICHITA, KS
GALL MD, CLIFFORD M, KANSAS CITY, MO
GALLEHUGH MD, KEITH W, SPRING HILL, KS
GALVAN MD, ALONSO, WICHITA, KS
GANDHI MD, SHANTIKUMAR K, TOPEKA, KS
GANS MD, FREDERICK A, SALINA, KS
GARCIA MD, GOULD C, EMPORIA, KS
GARCIA MD, GUILLERMO O, DODGE CITY, KS
GARCIA-FERRER MD, FRANCISCO, SHAWNEE MISSION, KS
GARD MD, RAYMOND F, REDDING, CA
GARDNER MD, J DOUGLAS, TOPEKA, KS
GARDNER MD, JAMES D, MANHATTAN, KS
GARDNER MD, JARED J, WICHITA, KS
GARLOW MD, WILLIAM B, SALINA, KS
GARNER MD, STEVEN A, WICHITA, KS
GARNER, WILLIAM J, SHAWNEE MISSION, KS
GARRISON D O, KYLE D, KANSAS CITY, KS
GASTON D O, JERRY G, WICHITA, KS
GAUGHAN MD, MICHAEL J, SHAWNEE MISSION, KS
GAUGHAN MD, REBECCA N, OLATHE, KS
GAY MD, JOHN D, TOPEKA, KS
GEHRT MD, EARL B, CHANUTE, KS
GEIS MD, DICK A, TOPEKA, KS

GEISLER MD, STEVEN R, ANDOVER, KS
GEIST MD, MICHAEL J, TOPEKA, KS
GEITZ MD, JAMES M, EMPORIA, KS
GEMPERLI MD, AMY W, SHAWNEE MISSION, KS
GENDEL MD, JOSEPH E, TOPEKA, KS
GENILO MD, CELESTE A, WICHITA, KS
GENTRY MD, JAMES H, DENVER, CO
GEORGE MD, EARL F, WICHITA, KS
GERJARUSAK MD, PRAPAS, SHAWNEE MISSION, KS
GERNON MD, CROSBY L, TOPEKA, KS
GERWICK MD, CHARLES L, SHAWNEE MISSION, KS
GETTLER MD, DEAN T, FORT SCOTT, KS
GIBBONS D O, DEBBIE R, WICHITA, KS
GIBBONS MD, ROBERT T, SHAWNEE MISSION, KS
GIBSON, STEPHANIE L, KANSAS CITY, KS
GIESSEL MD, MICHAEL D, TOPEKA, KS
GILBAUGH III MD, JAMES H, WICHITA, KS
GILBERT II MD, JOHN H, GARDEN CITY, KS
GILHOUSEN MD, FREDERIC M, KANSAS CITY, KS
GILLAN JR MD, DALE E, HUTCHINSON, KS
GILLEN MD, BILLY A, SHAWNEE MISSION, KS
GILLENWATER MD, DAVID T, GREAT BEND, KS
GILLES MD, HELEN M, LAWRENCE, KS
GILLETT MD, MARK L, SHAWNEE MISSION, KS
GILMARTIN MD, RICHARD C, WICHITA, KS
GIMPLE MD, KENNETH, TOPEKA, KS
GINAVAN MD, DUANE A, EMPORIA, KS
GIROUX MD, GUY M, TOPEKA, KS
GLADDEN MD, JOSEPH R, KANSAS CITY, KS
GLEASON MD, JEFFREY J, LAWRENCE, KS
GLEASON MD, JIMMIE A, TOPEKA, KS
GLENN MD, JAMES N, EMPORIA, KS
GLENN MD, LYLE G, PROTECTION, KS
GLOVER II MD, RICHARD M, NEWTON, KS
GLOVER MD, RICHARD M, NEWTON, KS
GLUCK MD, JAMES L, WICHITA, KS
GNAU MD, FREDRIC B, HALSTEAD, KS
GOBAR MD, IBRAHIM A, PITTSBURG, KS
GODFREY MD, WILLIAM A, KANSAS CITY, MO
GODWIN MD, PHILLIP A, LAWRENCE, KS
GOERING MD, DONALD D, COLDWATER, KS
GOERING MD, EMIL L, TOPEKA, KS
GOERING MD, RANDALL V, NEWTON, KS
GOERTZ MD, LEO R, SHAWNEE MISSION, KS
GOFF MD, MARCELUS A, CONCORDIA, KS
GOINS MD, BONNIE K, SAINT JOSEPH, MO
GOLDBERG MD, HERBERT R, WICHITA, KS
GOLDBERG MD, JOSEPH P, SHAWNEE MISSION, KS
GOLDBERG MD, MARCEL A, MERCED, CA
GOLDSTEIN MD, GERALD L, SHAWNEE MISSION, KS
GOLDSTEIN MD, JOYCE, SHAWNEE MISSION, KS
GOLLIER II MD, ROBERT A, OTTAWA, KS
GOLLIER, JOHN C, SHAWNEE MISSION, KS
GOLLUB MD, STEVEN B, KANSAS CITY, KS
GOMETZ MD, MODESTO S, PITTSBURG, KS
GOMEZ MD, FRANCISCO, SHAWNEE MISSION, KS
GONZALEZ MD, HIRAM, WICHITA, KS
GONZALEZ MD, IRIS P, KEARNEY, NE
GOOD D O, FREDERICK C, WICHITA, KS
GOOD MD, JAMES T, FORT SCOTT, KS
GOOD MD, WENDELL L, SHAWNEE MISSION, KS
GOODPASTURE MD, HEWITT C, WICHITA, KS
GOODWIN MD, JOHN A, SHAWNEE MISSION, KS
GOODWIN MD, MARY K, GODDARD, KS
GORACKE MD, DOUGLAS S, ATCHISON, KS
GORDON MD, JAMES R, WICHITA, KS
GORTON MD, MICHAEL E, KANSAS CITY, MO
GOTO MD, HIROSHI, KANSAS CITY, KS
GOULD MD, JILL C, TOPEKA, KS
GOYLE MD, KRISHAN K, WICHITA, KS
GOYLE MD, VIMAL, WICHITA, KS
GRABAU MD, GUY M, WICHITA, KS
GRACE MD, CAROL A, SHAWNEE MISSION, KS
GRADY D O, TIMOTHY P, WICHITA, KS
GRAESSLE D O, DONNA M, SHAWNEE MISSION, KS
GRAHAM JR MD, ARNOLD R, CHICAGO, IL
GRAHAM MD, BRUCE D, SHAWNEE MISSION, KS
GRAHAM MD, J ROBERT, KANSAS CITY, MO
GRAHAM MD, KENNETH L, LANSING, KS
GRAINGER MD, DAVID A, WICHITA, KS
GRANT MD, MICHAEL D, SALINA, KS
GRANT MD, MICHAEL E, WICHITA, KS
GRANTHAM MD, HERBERT G, FORT SCOTT, KS
GRANTHAM MD, JARED J, KANSAS CITY, KS
GRASHOFF MD, JOYCE A, SHAWNEE MISSION, KS
GRATNY, LINDA L, LEAVENWORTH, KS
GRAUEL MD, CHARLES W, WICHITA, KS
GRAVES MD, KATHRYN, HUTCHINSON, KS
GRAY MD, C K, SHAWNEE MISSION, KS
GRAY MD, APRIL K, KANSAS CITY, KS
GRAY MD, C LUCIEN, WICHITA, KS
GRAY MD, H TOM, WICHITA, KS
GRAYIB MD, ANTOINE S, TOPEKA, KS
GREATHOUSE MD, ALETA B, WICHITA, KS
GREEN MD, JUSTIN L, KANSAS CITY, MO
GREENBERG MD, GEORGE E, DODGE CITY, KS
GREENBERG MD, MARK G, TOPEKA, KS
GREENBERGER MD, N J, KANSAS CITY, KS
GREENE MD, LAWRENCE S, KANSAS CITY, KS
GREENE MD, RUSSELL E, TOPEKA, KS
GREENFIELD MD, MICHAEL A, SHAWNEE MISSION, KS
GREENWOOD MD, JAMES F, GARDEN CITY, KS
GREENWOOD MD, MELANIE A, WICHITA, KS
GREER MD, JAMES A, WICHITA, KS
GRELINGER MD, BART A, WICHITA, KS
GRENE MD, ROBERT BRUCE, WICHITA, KS
GREY, CURTIS E, KANSAS CITY, KS
GRIFFITH MD, FRANK H, SALINA, KS
GRILLOT MD, FLOYD B, PALM HARBOR, FL
GRIMALDI MD, GARY A, PITTSBURG, KS
GRIMES MD, I ROSS, LIBERAL, KS
GRIMES MD, JAMES T, LYONS, KS
GRIN MD, TRUDI R, SHAWNEE MISSION, KS
GRINDEL DO, STEPHEN J, WICHITA, KS
GRINIS MD, GEDAS M, HUTCHINSON, KS
GRISOLIA MD, ANDRES, LEAVENWORTH, KS
GRISWOLD MD, DALE G, NEWTON, KS
GROS MD, MARK J, KANSAS CITY, KS
GROSS MD, BRIAN M, WICHITA, KS
GROSSER MD, DAVID M, SHAWNEE MISSION, KS
GRUENDEL MD, RICHARD A, KANSAS CITY, KS
GRUENDEL MD, VIRGINIA T, KANSAS CITY, KS
GRUNDMEIER MD, ANNETTE M, SHAWNEE MISSION, KS
GRUSHNYS MD, ARNOLD, WICHITA, KS
GUNDERSEN, KARL R, WICHITA, KS
GUNN MD, MARVIN R, SALINA, KS
GUPTA MD, GANESH G, WICHITA, KS
GURLEY, DANIEL J, SHAWNEE MISSION, KS
GUTHRIE MD, RICHARD A, WICHITA, KS
GUTOVITZ MD, ALLEN L, TOPEKA, KS
GUTTIKONDA MD, PRASAD B, WARREN, OH

H

HABASHY MD, SHAWKY N F, WICHITA, KS
HACKER MD, DAVID C, SHAWNEE MISSION, KS
HACKER MD, ELAINE M, TOPEKA, KS
HADDENHORST MD, ANN M, KANSAS CITY, KS
HADLEY MD, DELMONT C, OTTAWA, KS
HAFFNER MD, WILLIAM N, EL DORADO, KS
HAGAN MD, C THOMAS, WICHITA, KS
HAGAN MD, FRANCIS J, WICHITA, KS
HAGAN MD, ROBERT C, WICHITA, KS
HAGAN MD, STEPHEN F, WICHITA, KS
HAGGAN MD, MARGARET E, LAWRENCE, KS
HAGGERTY III MD PHD, JESSE C, TOPEKA, KS
HAGMAN MD, JOSEPH E, WICHITA, KS
HALE MD, RALPH, HUTCHINSON, KS
HALE, ARTHUR E, KANSAS CITY, KS
HALL D O, RALPH W, FORT SCOTT, KS
HALL MD, J ROGER, WICHITA, KS
HALL MD, KIM M, SALINA, KS
HALL MD, MARK R, SHAWNEE MISSION, KS
HALL MD, ROY P, TOPEKA, KS
HALL MD, WESLEY H, GIRARD, KS
HALLABA MD, MOHEB A S, GIRARD, KS
HALLER MD, CHRIS C, LEAVENWORTH, KS
HALLERAN III MD, WILLIAM J, SHAWNEE MISSION, KS
HALLEY MD, M MARTIN, TOPEKA, KS
HALLING MD, L WILLIAM, COLORADO SPRINGS, CO
HALLOCK, EDGAR A, KANSAS CITY, KS
HALVORSON MD, HOWARD C, OLATHE, KS
HAMEL MD, GREGORY L, JUNCTION CITY, KS
HAMILL MD, J MARK, SALINA, KS
HAMILTON JR MD, JAMES J, TOPEKA, KS
HAMILTON MD, DEBORAH K, WICHITA, KS
HAMILTON MD, JAMES J, WAKEENEY, KS
HAMM MD, ORVAL L, NEWTON, KS
HAMMEKE MD, JOHN C, LEAVENWORTH, KS
HAMPEL MD, KEVIN G, SALINA, KS
HAMTIL MD, LAWRENCE W, SHAWNEE MISSION, KS
HAN MD, CHAN S, COFFEYVILLE, KS
HAN, JIN C, BONNER SPRINGS, KS
HANCE MD, KIRK A, SHAWNEE MISSION, KS
HANCOCK MD, ALAN C, KANSAS CITY, KS
HANCOCK MD, DANIEL E, MANHATTAN, KS
HANDS MD, SEBEL V, AMARILLO, TX
HANSEN MD, ERIC E, TOPEKA, KS
HANSEN MD, FRANK W, GARDEN CITY, KS
HANSON MD, DAVID C, SOUTH HUTCHINSON, KS
HANSON MD, E JEROME, KANSAS CITY, MO
HARA MD, GLENN S, KANSAS CITY, KS
HARBIN MD, GARY L, SALINA, KS
HARD MD, BENJAMIN F, SHAWNEE MISSION, KS
HARDIN MD, CREIGHTON A, SHAWNEE MISSION, KS
HARDING MD, PHYLLIS M, DODGE CITY, KS
HARMS MD, EDWIN M, NORTH NEWTON, KS
HARMS MD, WILMER A, NORTH NEWTON, KS
HARRINGTON MD, ELAINE M, WICHITA, KS
HARRIS DO, TIMOTHY P, EMPORIA, KS
HARRIS DO, J SCOTT, WICHITA, KS
HARRIS JR MD, CLAIB B, GARNETT, KS
HARRIS MD, BRYAN D, GOLETA, CA
HARRIS MD, FRANK H, WICHITA, KS
HARRIS MD, LANNY W, SHAWNEE MISSION, KS
HARRIS MD, NORMAN R, CLEARWATER, FL
HARRIS MD, PATRICIA A, TOPEKA, KS
HARRISON MD, PAUL B, WICHITA, KS
HART MD, DILLIS L, WICHITA, KS
HART MD, JOHN J, WICHITA, KS
HART MD, KELLY Z, KANSAS CITY, KS
HART MD, LAWRENCE E, ATCHISON, KS
HARTEL MD, KELLY LIZBETH, WARRENSBURG, IL
HARTER MD, TERRY L, HOLTON, KS
HARTLEY MD, FOUNT K, WICHITA, KS
HARTLEY MD, JAMES M, WICHITA, KS
HARTLEY MD, ROY W, NORTON, KS
HARTMAN MD, GERALD V, SHAWNEE MISSION, KS
HARTMAN MD, KECK R, WICHITA, KS
HARTMAN MD, ROGER L, NORTON, KS
HARTONG MD, WILLIAM A, SHAWNEE MISSION, KS
HARTWELL MD, KIMBERLY, WICHITA, KS
HARTWELL MD, RICK L, WICHITA, KS
HARTY MD, JEAN R, SHAWNEE MISSION, KS
HARVEY MD, BRUCE E, TOPEKA, KS
HARVEY MD, R CLAY, TOPEKA, KS
HARVEY MD, ROSEMARY B, WICHITA, KS
HARWOOD MD, CLAUDE J, GLASCO, KS
HARWOOD MD, MICHAEL R, KANSAS CITY, KS
HASKINS MD, ROBERT J, WICHITA, KS
HASSAN MD, RIZWAN U, WICHITA, KS
HASSELLE III MD, JAMES E, LAWRENCE, KS
HASSLER MD, RANDY D, SALINA, KS
HASTINGS MD, GLEN E, WICHITA, KS
HATCHER MD, ELIZABETH R, TOPEKA, KS
HATESOHL MD, STANLEY M, CLAY CENTER, KS
HATFIELD MD, ALLYSON A, WICHITA, KS
HATHAWAY MD, PETER, KANSAS CITY, MO
HATTON MD, DONALD W, LAWRENCE, KS
HATTRUP MD, RICHARD J, WICHITA, KS
HAUN MD, RUDY T, MANHATTAN, KS
HAUSHEER, MICHELLE R, WICHITA, KS
HAVERKAMP MD, KENT D, CARBONDALE, KS
HAVEY MD, DAVID, HALSTEAD, KS
HAWKINS MD, JOHN W, SHAWNEE MISSION, KS
HAWLEY MD, RAYMOND G, WICHITA, KS
HAY MD, JAMES R, WICHITA, KS
HAYES MD, J EDWARD, BOISE, ID
HAYES MD, KRIS A, HIAWATHA, KS
HAYES MD, WILLIAM L, WICHITA, KS
HAYNES MD, DEBORAH G, WICHITA, KS
HEALY MD, PATRICK M, WICHITA, KS
HEASTY MD, ROBERT G, MANHATTAN, KS
HEBBAR MD, SATYA N, TOPEKA, KS
HEDDEN MD, RICHARD J, ALEXANDRIA, LA
HEDEGAARD MD, CHERYL K, TOPEKA, KS
HEDRICK MD, KENNETH E, HUTCHINSON, KS
HEEB MD, CAMILLE S, TOPEKA, KS
HEEB MD, JON J, SHAWNEE MISSION, KS
HEGEMAN MD, ROBERT B, KANSAS CITY, KS
HEIN MD, DANIEL J, SMITH CENTER, KS
HEINRICHS MD, DANIEL J, NEWTON, KS
HEIT MD, J ANTHONY, SHAWNEE MISSION, KS
HELENA MD, WESLEY D, WICHITA, KS
HELLMAN MD, DAVID W, WICHITA, KS
HELTON MD, REBECCA A, WICHITA, KS
HEMAYA MD, AMIR R, SHAWNEE MISSION, KS
HEMMEN, SHERYL R, ANDALE, KS
HENDRICK, JAMES D, KANSAS CITY, KS
HENDRICKS MD, K DWIGHT, KANSAS CITY, KS
HENNING JR MD, HAROLD J, MANHATTAN, KS
HENNING MD, CALVIN W, OTTAWA, KS
HENRY MD, JOSEPH E, SHAWNEE MISSION, KS
HENSEL JR MD, JOHN M, KANSAS CITY, MO
HENWOOD MD, JOHN R, WICHITA, KS
HERBOLD MD, DAVID R, WICHITA, KS
HERED MD, JOHN, WICHITA, KS
HERMRECK MD, ARLO S, KANSAS CITY, KS
HERRON MD, KRISTINE G, SHAWNEE MISSION, KS
HERSHORN MD, SIMON E, WICHITA, KS

HESS MD, KATRINA M, SALINA, KS
HESS MD, STEVEN J, SHAWNEE MISSION, KS
HESSE MD, JAMES F, WICHITA, KS
HESSER MD, HERBERT H, SHAWNEE MISSION, KS
HETT MD, EDWARD J, WICHITA, KS
HETTINGER MD, MICHAEL E, SHAWNEE MISSION, KS
HEYER, JENNINE M, WICHITA, KS
HICKS JR MD, THOMAS E, EMPORIA, KS
HICKS MD, SARA A, SHAWNEE MISSION, KS
HICKS, KEITH V, KANSAS CITY, KS
HIEBERT MD, DAVID L, LAWRENCE, KS
HIEBERT MD, JOHN B, LAWRENCE, KS
HIEBERT MD, JOHN M, KANSAS CITY, KS
HIESTERMAN MD, HERMAN W, QUINTER, KS
HIGGINBOTHAM MD, DENNIS G, OLATHE, KS
HIGNIGHT MD, JAMES E, SHAWNEE MISSION, KS
HILD MD, PETER G, KANSAS CITY, KS
HILGER MD, MARK A, WICHITA, KS
HILL MD, JAMES E, ARKANSAS CITY, KS
HILL MD, LARY M, WICHITA, KS
HILL MD, RICHARD H, MEADE, KS
HILL MD, ROBERT N, TOPEKA, KS
HILL MD, RODNEY W, SHAWNEE MISSION, KS
HINKIN MD, DOUGLAS P, MANHATTAN, KS
HINSHAW JR MD, CHARLES T, WICHITA, KS
HINTHORN MD, DANIEL R, KANSAS CITY, KS
HIRSCHBERG MD, J COTTER, TOPEKA, KS
HISZCZYNSKYJ MD, ROMAN, TOPEKA, KS
HITCHCOCK MD, C THOMAS, SHAWNEE MISSION, KS
HITE MD, PAMELA R, KANSAS CITY, KS
HIZON MD, RAMON R, WICHITA, KS
HO MD, TEH I, WICHITA, KS
HOADLEY MD, WILLIAM D, KANSAS CITY, KS
HOBBS MD, DONALD D, TOPEKA, KS
HOBSON MD, MILBURN W, SHAWNEE MISSION, KS
HODGES MD, MERLE A, SALINA, KS
HODGES MD, MERLE J, SALINA, KS
HODGES, JASON L, KANSAS CITY, KS
HODGES, PETER T, SHAWNEE MISSION, KS
HODGSON MD, DAVID K, WASHINGTON, KS
HODSON MD, DON W, MARION, KS
HODSON MD, HERVEY R, WICHITA, KS
HOFFER MD, JOHN G, RAYMORE, MO
HOFFMAN MD, J PHILIP, LAWRENCE, KS
HOFFMANN MD, MARY A, LAWRENCE, KS
HOLCOMB MD, MURRAY A, HUTCHINSON, KS
HOLDCRAFT MD, JACQUELYNE, KANSAS CITY, KS
HOLDEN JR MD, RAYMOND F, WICHITA, KS
HOLDERMAN MD, WALLACE D, HUTCHINSON, KS
HOLIDAY MD, ALLAN, MANHATTAN, KS
HOLLADAY MD, FRANK P, KANSAS CITY, KS
HOLLADAY MD, KENNETH R, EUDORA, KS
HOLLIS MD, KENNETH W, ALVIN, TX
HOLLOWAY MD, KELLY D, WICHITA, KS
HOLLOWAY MD, KEVIN B, WICHITA, KS
HOLMAN MD, JON B, OLATHE, KS
HOLMES MD, FREDERICK F, KANSAS CITY, KS
HOLMES MD, GRACE E, KANSAS CITY, KS
HOLMES MD, JED D, WICHITA, KS
HOLMES MD, ROBERT W, TOPEKA, KS
HOLSCHER MD, MARK R, PAOLA, KS
HOLSINGER MD, DONALD M, PITTSBURG, KS
HOLT MD, JOHN M, WICHITA, KS
HOLT MD, ROBERT E, BELLEVILLE, KS
HOLWEGER MD, RONALD, HAYS, KS
HOOD MD, ROGER W, SHAWNEE MISSION, KS
HOOFER MD, WILFORD D, HALSTEAD, KS
HOOPES MD, PHILLIP C, SHAWNEE MISSION, KS
HOOVER MD, LARRY A, KANSAS CITY, KS
HOPKINS JR MD, B MORRISON, SCOTT CITY, KS
HOPKINS MD, JAMES P, KANSAS CITY, MO
HOPKINS MD, KATHY S, SHAWNEE MISSION, KS
HOPKINS MD, LENLY, SHAWNEE MISSION, KS
HOPKINS MD, WILLIAM O, SHAWNEE MISSION, KS
HOPPER MD, CHARLES R, EMPORIA, KS
HOPPOCK MD, KEVIN C, WICHITA, KS
HORBELT MD, DOUGLAS V, WICHITA, KS
HORNBAKER MD, STANLEY D, CARBONDALE, KS
HORNIG MD, GREGORY W, KANSAS CITY, MO
HORNUNG MD, JOEL E, COUNCIL GROVE, KS
HORTON MD, GREG A, SHAWNEE MISSION, KS
HOSTETLER MD, ROBERT W, DODGE CITY, KS
HOSTETTER MD, M MORGAN, TOPEKA, KS
HOSTETTER MD, PHILIP H, MANHATTAN, KS
HOUSE MD, R E, SALINA, KS
HOUSHOLDER MD, DANIEL F, WICHITA, KS
HOUSHOLDER MD, MARTHA S, WICHITA, KS
HOUSTON II MD, LAWRENCE MORLEY, SHAWNEE MISSION, KS
HOVORKA MD, JOHN W, TOPEKA, KS
HOWARD MD, DONALD O, WICHITA, KS
HOWARD MD, MARSEEA H, KANSAS CITY, KS
HOWELL MD, BARBARA J, EMPORIA, KS
HOWELL MD, STEVEN J, WICHITA, KS
HOWERTER JR MD, BERNARD E, COFFEYVILLE, KS
HOYT MD, ARTHUR W, TOPEKA, KS
HSIEH, TSENG T, KANSAS CITY, KS
HSU MD, CECILIA C, SHAWNEE MISSION, KS
HSU MD, CHENG H, TOPEKA, KS
HSU MD, SHIN-FU, TOPEKA, KS
HUANG MD, JONSON, TOPEKA, KS
HUDGINS, MARIANNE B, SHAWNEE MISSION, KS
HUDSON MD, ROBERT P, OLATHE, KS
HUEBERT MD, KORY D, WICHITA, KS
HUEBNER MD, ROBERT STEPHAN, PITTSBURG, KS
HUERTER MD, DAVID F, PITTSBURG, KS
HUERTER MD, QUENTIN C, KANSAS CITY, KS
HUESTON MD, ALLEN L, SHAWNEE MISSION, KS
HUFFORD MD, DAVID W, MULVANE, KS
HUGGETT MD, WILLIAM L, TOPEKA, KS
HUGHES DO, STEVEN R, WICHITA, KS
HUGHES MD, DOUGLAS W, SHAWNEE MISSION, KS
HUGHES MD, JOHN D, ATLANTA, GA
HULL MD, LUELLEN, KANSAS CITY, KS
HULTGREN MD, MYRON K, OLATHE, KS
HUMMER MD, LLOYD M, WICHITA, KS
HUMPHREY MD, MARK S, SHAWNEE MISSION, KS
HUND MD, LARRY R, WICHITA, KS
HUNKELER MD, JOHN D, KANSAS CITY, MO
HUNNINGHAKE MD, RONALD, WICHITA, KS
HUNSBERGER DO, TERRY R, GARDEN CITY, KS
HUNTER MD, E DIANN, LIBERAL, KS
HUNTER MD, KARLA J, WICHITA, KS
HUSEMAN MD, RICHARD A, SHAWNEE MISSION, KS
HUSER MD, PAUL W, ROSE HILL, KS
HUSTEAD MD, ROBERT F, WICHITA, KS
HUSTON MD, FRANCIS W, WINCHESTER, KS
HUSTON MD, JOSEPH W, TOPEKA, KS
HUTCHINS MD, JOEL R, HOLTON, KS
HUTCHINSON MD, DIRK T, SALINA, KS
HUTCHINSON MD, STEVEN A, WICHITA, KS
HUTCHISON MD, GLEN C, HAYS, KS
HUTCHISON MD, JOE R, LEBO, KS
HUTCHISON MD, MICHAEL C, KANSAS CITY, KS
HUTTON MD, FREDERICK A, TOPEKA, KS
HUYCKE MD, EDWARD J, WICHITA, KS
HWANG-HAMILTON, SHAN-SHAN, CERRITOS, CA
HYDER MD, JACE W, WICHITA, KS
HYMAN MD, ANN B, WICHITA, KS
HYNES MD, HENRY E, WICHITA, KS

I

IBARRA MD, J LUIS, WICHITA, KS
IBARRA MD, RICHARD C, KANSAS CITY, KS
IDBEIS MD, BADR, WICHITA, KS
ILORETA MD, ALFREDO T, TOPEKA, KS
IMSEIS MD, MIKHAIL Y, NESS CITY, KS
INDECK MD, MARGARET N, WICHITA, KS
INGHAM JR MD, H LAIRD, LAWRENCE, KS
INGRAM MD, JOHN E, KANSAS CITY, KS
INNES MD, ROBERT C, SHAWNEE MISSION, KS
IRBY MD, PRATT, FORT SCOTT, KS
IRWIN, DOUGLAS G, SHAWNEE MISSION, KS
ISAAC MD, CHARLES A, NEWTON, KS
ISAAC MD, STEVEN R, FORT SCOTT, KS
ISAACSON MD, RICHARD N, TOPEKA, KS
ISSINGHOFF MD, CHAD J, HUTCHINSON, KS
IWAY MD, BELINO D, ELKHART, KS
IWAY MD, OLIVIA N, ELKHART, KS

J

JABEL MD, JUVENAL T, SATANTA, KS
JACKSON JR MD, DONALD H, TOPEKA, KS
JACKSON MD, CHARLES R, WICHITA, KS
JACKSON MD, MICHAEL D, GARDEN CITY, KS
JACKSON MD, MICHAEL R, WICHITA, KS
JACKSON MD, ROBERT V, SHAWNEE MISSION, KS
JACKSON MD, THOMAS M, PAOLA, KS
JACKSON MD, VICTOR L, ALTAMONT, KS
JACOB MD, KANNAMPALLY L, WICHITA, KS
JACOB MD, SERA L, WINSTON SALEM, NC
JACOBS MD, DAVID S, SHAWNEE MISSION, KS
JACOBS, TOMAYO S, KANSAS CITY, KS
JACOBY II MD, ROBERT E, TOPEKA, KS
JADHAV MD, KISHOR B, WICHITA, KS
JAHANIAN MD, DARYOUSH, KANSAS CITY, KS
JAMES MD, DONALD L, WICHITA, KS
JAMES MD, PHILIP C, WICHITA, KS
JANES MD, DONALD R, GARNETT, KS
JANSSON MD, KENNETH A, WICHITA, KS
JANTZ MD, JONATHAN W, NEWTON, KS
JANZEN MD, KIMBERLY J, WICHITA, KS
JARROTT MD, JOHN B, HUTCHINSON, KS
JARVIS, CHRISTOPHER D, SHAWNEE MISSION, KS
JASTER MD, PAUL J, SALINA, KS
JAYAKUMAR MD, VIMALA, KANSAS CITY, KS
JAYARAM MD, MARANDAPALLI R, KANSAS CITY, KS
JECHA MD, LARRY D, WICHITA, KS
JEHAN MD, SAYED S, WICHITA, KS
JENNEY MD, CHARLES B, WICHITA, KS
JENSEN JR MD, JOHN T, WICHITA, KS
JENSEN MD, DARAN L, WICHITA, KS
JENSEN MD, ROBERT D, TOPEKA, KS
JENSEN MD, THOMAS M, OLATHE, KS
JERKOVICH MD, GEORGE S, SALINA, KS
JETER MD, JOHN, KANSAS CITY, KS
JEWELL MD, WILLIAM R, KANSAS CITY, KS
JOHANNING, JASON M, SHAWNEE MISSION, KS
JOHNSON MD, BRIAN A, WICHITA, KS
JOHNSON MD, CAROL A, WICHITA, KS
JOHNSON MD, CAROLYN K, WICHITA, KS
JOHNSON MD, CAROLYN N, LAWRENCE, KS
JOHNSON MD, CLIFFORD D, BONNER SPRINGS, KS
JOHNSON MD, CYNDA A, KANSAS CITY, KS
JOHNSON MD, DAVID B, KANSAS CITY, KS
JOHNSON MD, DAVID B, WICHITA, KS
JOHNSON MD, GEORGE K, WICHITA, KS
JOHNSON MD, HOWELL D, DODGE CITY, KS
JOHNSON MD, J CHRIS, SHAWNEE MISSION, KS
JOHNSON MD, J RICHARD, MC PHERSON, KS
JOHNSON MD, JOHN E, SHAWNEE MISSION, KS
JOHNSON MD, MATTHEW S, WICHITA, KS
JOHNSON MD, MILLARD E, WICHITA, KS
JOHNSON MD, PAMELA M, SHAWNEE MISSION, KS
JOHNSON MD, PAUL D, LEAVENWORTH, KS
JOHNSON MD, RANDLE C, HUTCHINSON, KS
JOHNSON MD, STEPHANIE E, SHAWNEE MISSION, KS
JOHNSON MD, TERESA F, WINFIELD, KS
JOHNSON MD, TERESA K, WICHITA, KS
JOHNSON MD, THOMAS E, WICHITA, KS
JOHNSON-GIANNOPOULOS MD, NADINE, KANSAS CITY, KS
JOHNSTON MD, SARAH C, WICHITA, KS
JONES MD, CHARLES E, SHAWNEE MISSION, KS
JONES MD, CLIFTON C, TOPEKA, KS
JONES MD, EDWARD L, GREAT BEND, KS
JONES MD, H IVOR, SHAWNEE MISSION, KS
JONES MD, H PENFIELD, LAWRENCE, KS
JONES MD, JANA D, LANSING, KS
JONES MD, JAY S, WICHITA, KS
JONES MD, JON K, WICHITA, KS
JONES MD, KELLY L, ANNAPOLIS, MD
JONES MD, MICHAEL P, ATCHISON, KS
JONES MD, RODNEY L, WICHITA, KS
JONES MD, TERRY G, WINFIELD, KS
JONES MD, WILLIAM T, MANHATTAN, KS
JONG MD, CAROL N, SHAWNEE MISSION, KS
JORGENSEN D O, WILLIAM A, LEAVENWORTH, KS
JOSEPH JR MD, JAMES, WICHITA, KS
JOSEPH MD, BRIAN W, TOPEKA, KS
JOSEPH MD, HOWARD F, LAWRENCE, KS
JOSLIN MD, CHARLIE G, WICHITA, KS
JOSS MD, CHARLES S, TOPEKA, KS
JOST MD, COREY J, WICHITA, KS
JOST MD, GARY D, WICHITA, KS
JOYCE MD, G BERNARD, TOPEKA, KS
JUBELT MD, HILBERT P, MANHATTAN, KS
JUDILLA JR MD, FRANCISCO, WICHITA, KS
JUSTUS MD, WILLIAM J, PLEASANTON, KS

K

KADER MD, GIHAN S, WICHITA, KS
KADISON MD, HERBERT I, WICHITA, KS
KAHN JR MD, NORMAN B, KANSAS CITY, MO
KAHN MD, DAVID M, WICHITA, KS
KALDOR MD, RICHARD H, MANHATTAN, KS
KALIVAS MD, LINDA L, PHOENIX, AZ
KANAREK MD, HENRY J, KANSAS CITY, MO
KANE JR MD, WILLIAM M, HAYS, KS
KARDATZKE MD, DAVID S, WICHITA, KS
KARDATZKE MD, E STANLEY, MIAMI, FL
KARDATZKE MD, JON K, WICHITA, KS
KARLIN MD, CHARLES A, SHAWNEE MISSION, KS

KASHA MD, ROBERT L, WICHITA, KS
KASHYAP MD, BANSHI P, SHAWNEE MISSION, KS
KASSEBAUM MD, KENNETH G, WICHITA, KS
KASSELMAN, JEFFREY P, WICHITA, KS
KASTNER, BRIAN D, SHAWNEE MISSION, KS
KATER MD, ERIC D, WICHITA, KS
KATZ MD, ARNOLD L, SHAWNEE MISSION, KS
KATZ MD, FRED S, SHAWNEE MISSION, KS
KATZ MD, JEROME B, TOPEKA, KS
KAUER MD, CURTIS D, SHAWNEE MISSION, KS
KAUFMAN MD, EUGENE E, WICHITA, KS
KAUFMAN MD, LELAND R, BURDEN, KS
KAUFMAN MD, WILLARD E, MOUNDRIDGE, KS
KAUL MD, ANAND N, WINFIELD, KS
KAUPHUSMAN, TESSA M, SHAWNEE MISSION, KS
KAVEL MD, KARL K, TOPEKA, KS
KEATS MD, GRAHAM D, LIBERAL, KS
KEITGES MD, PIERRE W, SHAWNEE MISSION, KS
KEITH MD, REX B, WICHITA, KS
KELLER MD, JAMES P, WICHITA, KS
KELLER, JOHN W, WAKEENEY, KS
KELLERMAN MD, RICK, SALINA, KS
KELLEY MD, GORDON R, SHAWNEE MISSION, KS
KELLEY, THOMAS D, KANSAS CITY, KS
KELLY D O, MARK A, PLAINVILLE, KS
KELLY MD, A CHRISTINE, HAYS, KS
KELLY MD, DAN A, TOPEKA, KS
KELLY MD, MICHELE, SHAWNEE MISSION, KS
KENAGY MD, ROBERT S, WICHITA, KS
KENDALL MD, TOM E, ROGERS, AR
KENDRICK MD, J GILLERAN, WICHITA, KS
KENNALLY MD, KEVIN P, SABETHA, KS
KENNEDY MD, FREDERICK R, OLATHE, KS
KENNEDY MD, GERALD T, WICHITA, KS
KENNEDY MD, JENNIFER E, TOPEKA, KS
KENNEDY MD, KENNTH R, SHAWNEE MISSION, KS
KENNEDY MD, L ELAINE, LAWRENCE, KS
KENNEDY MD, MICHAEL L, BURLINGTON, KS
KENNING MD, GERALD F, HUTCHINSON, KS
KENNY MD, LAURA M, SHAWNEE MISSION, KS
KENOYER MD, M RAY, DODGE CITY, KS
KEPES MD, JOHN J, KANSAS CITY, MO
KEPKA MD, DENNIS J, KANOPOLIS, KS
KERBY MD, GERALD R, KANSAS CITY, KS
KERR MD, GERALD F, FORT SCOTT, KS
KERSCHEN MD, VALARIE L, WICHITA, KS
KESTIN, LARRY L, SHAWNEE MISSION, KS
KETCHER D O, SCOTT J, SALINA, KS
KETCHUM MD, LYNN D, SHAWNEE MISSION, KS
KETTER MD, IVAN C, HIAWATHA, KS
KETTERMAN MD, DIANA K, WICHITA, KS
KETTING MD, RAYMOND B, GAINSVILLE, FL
KEYES MD, MICHAEL J, WICHITA, KS
KEYS JR MD, ROBERT C, TOPEKA, KS
KHARE MD, PRATIBHA, KANSAS CITY, KS
KHICHA MD, GYANCHAND J, WICHITA, KS
KHOURY MD, GEORGE H, WICHITA, KS
KIFER MD, C JAMES, HAYS, KS
KIHM MD, ALBERT A, CHANUTE, KS
KILGORE III MD, WILLIAM R, WICHITA, KS
KIM MD, CLEMENT C, WICHITA, KS
KIM MD, JONG M, KANSAS CITY, KS
KIM MD, PAIK N, WICHITA, KS
KIM MD, YONG W, TOPEKA, KS
KIM, SARAH S, KANSAS CITY, KS
KIMBALL MD, RICHARD R, MANKATO, KS
KIMBLE, BRIAN A, KANSAS CITY, KS
KIMMEL MD, KENNETH K, HALSTEAD, KS
KIMPLE MD, KRIS G, BELOIT, KS
KINDEL MD, VICTORIA W, WICHITA, KS
KINDLING MD, PAUL H, TOPEKA, KS
KINDRED MD, LYNN H, KANSAS CITY, MO
KINDSCHER MD, JAMES D, KANSAS CITY, KS
KING MD, WILLIAM T, GREAT BEND, KS
KINGREY MD, DAVID A, DUBLIN, OH
KINPORTS SR MD, EDWARD B, KANSAS CITY, MO
KIPPERMAN MD, ROBERT M, WICHITA, KS
KIRACOFE, KENT H, SHAWNEE MISSION, KS
KIRBY MD, HOLLY F, SHAWNEE MISSION, KS
KIRBY MD, MERLIN G, GREAT BEND, KS
KIRCHNER MD, FERNANDO R, TUCSON, AZ
KIRK JR MD, E DAVID, WICHITA, KS
KIRK MD, MICHAEL N, OBERLIN, KS
KIRK MD, THOMAS E, MANHATTAN, KS
KIRKEGAARD MD, RODGER S, TOPEKA, KS
KIRSCH MD, MARK A, WICHITA, KS
KISER MD, JOHN L, WICHITA, KS
KISER MD, WILLARD J, WICHITA, KS
KISHORE MD, SHEELA, PARSONS, KS
KLAFTA MD, LEONARD A, WICHITA, KS
KLAUMANN MD, MICHELLE, WICHITA, KS
KLEIN MD, TERRY D, WICHITA, KS
KLEIN MD, THOMAS C, DERBY, KS
KLEINHOLZ JR MD, EMIL JOHN, TOPEKA, KS
KLEINSASSER MD, WARREN L, OLATHE, KS
KLEMM MD, J MARTIN, KANSAS CITY, MO
KLEMMER MD, HERBERT, TOPEKA, KS
KLENDA JR MD, MARTIN B, BELOIT, KS
KLIEWER MD, VERNON L, NEWTON, KS
KLINGLER JR MD, EUGENE A, MANHATTAN, KS
KLINGMAN MD, DIANE D, WICHITA, KS
KLOBASA MD, CHARLES L, MANHATTAN, KS
KLONIS D O, DEMOSTHENIS, WICHITA, KS
KLOSTERHOFF MD, BRUCE E, HUTCHINSON, KS
KLUZAK MD, THOMAS R, WICHITA, KS
KNAPP MD, M ROBERT, WICHITA, KS
KNAPP, WENDI A, KANSAS CITY, KS
KNAPPENBERGER MD, KURT R, TOPEKA, KS
KNAPPENBERGER MD, ROY C, COLORADO SPRINGS, CO
KNECHT MD, STEPHEN M, EMPORIA, KS
KNEIDEL MD, THOMAS W, WICHITA, KS
KNIGHT D O, DENIS D, WICHITA, KS
KNIGHT MD, LAURA C, WICHITA, KS
KNIGHT MD, PHILIP J, WICHITA, KS
KNOLL MD, BRUCE F, DODGE CITY, KS
KNOX MD, JEFFREY B, SALINA, KS
KNUDTSON MD, JOHN D, PENSACOLA, FL
KNUTH MD, KENNETH L, INDEPENDENCE, KS
KOCH MD, KEVIN J, SHAWNEE MISSION, KS
KODANAZ MD, A AYTEKIN, SHAWNEE MISSION, KS
KOEHLER D O, TIMOTHY M, WICHITA, KS
KOEHN MD, DANIEL J, PITTSBURG, KS
KOEHN MD, NORMAN S, WICHITA, KS
KOELLIKER MD, LESLIE M, WICHITA, KS
KOKSAL MD, TOM, GARDEN CITY, KS
KOLB MD, LISA, TOPEKA, KS
KOLSTE MD, BART K, OGALLALA, NE
KOONS MD, JESS W, LIBERAL, KS
KOONTZ MD, JUDITH A, TOPEKA, KS
KOOSER MD, JUDITH A, TOPEKA, KS
KOPPERS MD, LAWRENCE E, SHAWNEE MISSION, KS
KORBER MD, DAVID E, LEWISVILLE, TX
KORTJE MD, DAVID K, WICHITA, KS
KOSSOW MD, WILLIAM D, KANSAS CITY, KS
KOSSOY D O, ALLEN F, TOPEKA, KS
KOURI MD, SAMMY H, WICHITA, KS
KOVAC MD, ANTHONY L, KANSAS CITY, KS
KOVARIK MD, ERNEST D, TOPEKA, KS
KOWALSKI MD, STEPHEN F, TOPEKA, KS
KOZIKOWSKI MD, BEN M, SHAWNEE MISSION, KS
KRAMER MD, GARY M, KANSAS CITY, KS
KRANTZ MD, KERMIT E, KANSAS CITY, KS
KRAUSE MD, ROLAND L, WICHITA, KS
KREADY MD, JOHN L, WICHITA, KS
KREHBIEL MD, MARK A, SALINA, KS
KRESIE MD, RANDALL J, TOPEKA, KS
KRETSINGER DO, W BROCK, EMPORIA, KS
KROLL MD, HARRY G, TOPEKA, KS
KRUCKEMYER MD, ALAN L, SALINA, KS
KRYZER MD, THOMAS C, WICHITA, KS
KUBIN MD, DORIS A, SHAWNEE MISSION, KS
KUBINA MD, GLENN RICHARD, WICHITA, KS
KUEBLER MD, KEVIN M, SHAWNEE MISSION, KS
KUHNS MD, HENRY R, EL DORADO, KS
KUMAR MD, ARUN, WICHITA, KS
KUMAR MD, NANDA, MANHATTAN, KS
KUMAR MD, SURINDER, NEWTON, KS
KURTH MD, C JOSEPH, WICHITA, KS
KWEE MD, SIOE T, KANSAS CITY, KS
KYI MD, WIN M, DODGE CITY, KS
KYNER MD, JOSEPH L, KANSAS CITY, KS

L

L'ECUYER MD, JOHN F, SHAWNEE MISSION, KS
LABASH MD, STEPHEN C, OBERLIN, KS
LACCHEO MD, MICHAEL L, TOPEKA, KS
LACEY MD, RONALD L, WICHITA, KS
LAFEX, SUZANNE R, KANSAS CITY, KS
LAHAM MD, ALEXANDER J, DALLAS, TX
LAI MD, CHUEN-HUEY, WICHITA, KS
LAI MD, MAX G, TOPEKA, KS
LAING MD, ROBERT R, KANSAS CITY, KS
LAIRD MD, DALE D, OLATHE, KS
LAMBERT MD, KENNETH J, KANSAS CITY, KS
LAMBERT MD, MICHAEL B, SHAWNEE MISSION, KS
LAMBERT TRAMMEL, JACOI I, SAINT PETERSBURG, FL
LANCE JR MD, JOHN F, WICHITA, KS
LANCE MD, RAYMOND W, PITTSBURG, KS
LANG MD, CLAYTON A, TOPEKA, KS
LANGE MD, MARY P, LAWRENCE, KS
LANGE MD, MICHAEL, LAWRENCE, KS
LANGLEY, JAY R, SHAWNEE MISSION, KS
LAPI MD, ANGELO, BOCA RATON, FL
LAPOINTE MD, LEON R, WICHITA, KS
LARSON MD, DANUTA O, SHAWNEE MISSION, KS
LARSON MD, DELBERT L, HIAWATHA, KS
LARSON MD, MARK W, KANSAS CITY, KS
LARSON MD, MELISSA L, SHAWNEE MISSION, KS
LASH MD, RAY E, SHAWNEE MISSION, KS
LASHELL, MARK S, TOPEKA, KS
LASLEY MD, MICHAEL B, HAYS, KS
LATIMER MD, KATHERINE, WICHITA, KS
LAUDERT MD, SUSAN E, WICHITA, KS
LAUE MD, C SHAFFIA, FAIRFAX, VA
LAUER MD, DAVID K, WICHITA, KS
LAUNEY MD, WALTON S, TOPEKA, KS
LAURY MD, DAVID G, SAVANNAH, GA
LAVA MD, CHIRUND, PARSONS, KS
LAW D O, BYRON D, SHAWNEE MISSION, KS
LAW MD, FINDLEY, ELLINWOOD, KS
LAWHEAD MD, JEFF D, LEAVENWORTH, KS
LAWHORN MD, CHARLTON D, LITTLE ROCK, AR
LAWLESS MD, HAROLD L, BLUE RAPIDS, KS
LAWN MD, CLAUDIA A, WICHITA, KS
LAWN MD, RAYMOND A, WICHITA, KS
LAWRENCE MD, LINDA M, SALINA, KS
LAWRENCE MD, MICHAEL K, SALINA, KS
LAWS MD, LEWIS R, MARYSVILLE, KS
LAWTON MD, STEVEN K, WICHITA, KS
LAWWILL MD, THEODORE, KANSAS CITY, KS
LAYBOURNE JR MD, PAUL C, LAKE PLACID, FL
LE MD, CHUONG DUC, GARDEN CITY, KS
LEACH, ROBERT J, WICHITA, KS
LEAR MD, REX V, WICHITA, KS
LEARNED MD, GEORGE R, LAWRENCE, KS
LEE D O, BRUCE W, CHANUTE, KS
LEE JR MD, EDWARD S, WICHITA, KS
LEE MD, JAMES G, KANSAS CITY, KS
LEE MD, JAE M, KANSAS CITY, KS
LEE MD, KING Y, SHAWNEE MISSION, KS
LEE MD, KYO R, KANSAS CITY, KS
LEE MD, MARTIN W, WICHITA, KS
LEE MD, MICHAEL T, PHOENIX, AZ
LEE MD, R REX, WICHITA, KS
LEE MD, SONG DOW, TOPEKA, KS
LEE MD, SONG PING, TOPEKA, KS
LEE MD, YONG U, EL DORADO, KS
LEESON, MICHAEL C, SHAWNEE MISSION, KS
LEFFLER MD, PAUL B, PITTSBURG, KS
LEGASPI JR MD, PEDRO L, SHAWNEE MISSION, KS
LEGLER D O, GARY L, EDWARDSVILLE, KS
LEHMAN MD, SAMUEL R, KANSAS CITY, KS
LEHNERT MD, DARREN L, WICHITA, KS
LEHR MD, CARRIE W, SHAWNEE MISSION, KS
LEHR MD, DAVID G, ANDOVER, KS
LEIFER MD, WILLIAM N, TOPEKA, KS
LEIKER MD, JOSEPH, TOPEKA, KS
LEIKER, MARK A, KANSAS CITY, KS
LEINWETTER D O, MYRON, ROSSVILLE, KS
LEISY MD, JERALD W, WICHITA, KS
LEITCH MD, DAVID A, GARNETT, KS
LEITNER MD, YORAM B, WICHITA, KS
LEMOINE JR MD, ALBERT N, SHAWNEE MISSION, KS
LEMONS MD, STEPHEN F, ANDOVER, KS
LENEVE MD, ROBERT T, HUGOTON, KS
LENTELL MD, MICHELLE M, SHAWNEE MISSION, KS
LENTZ MD, WILLIAM R, TOPEKA, KS
LEO MD, WILLIAM A, SHAWNEE MISSION, KS
LEONI MD, PATRICK A, SHAWNEE MISSION, KS
LEPSE MD, PETER S, TOPEKA, KS
LESKO MD, PAUL D, WICHITA, KS
LESSENDEN JR MD, C M, TOPEKA, KS
LESSER MD, DANE A, HUTCHINSON, KS
LESTER MD, JOHN BUCKLES, SHAWNEE MISSION, KS
LETOURNEAU MD, EDWARD N, WALTHAM, MA
LETTNER MD, HANS T, SCOTTSDALE, AZ
LEU MD, RICHARD H, WICHITA, KS
LEVINE MD, ERROL, KANSAS CITY, KS
LEVINE MD, H TERRY, SHAWNEE MISSION, KS
LEVINE MD, JOSEPH M, KANSAS CITY, KS
LEVINE MD, WILLIAM R, WICHITA, KS
LEVY MD, EDWIN Z, TOPEKA, KS
LEWIN MD, WALTER, SHAWNEE MISSION, KS
LEWIS MD, E CHRISTOPHER, BILOXI, MS
LICHTY MD, DAN M, OUINTER, KS
LIEBERMAN MD, BRUCE IRWIN, KANSAS CITY, KS
LIES MD, RICHARD B, WICHITA, KS
LIESE MD, ZIANA A, SHAWNEE MISSION, KS

LIESMANN MD, JEAN E, TOPEKA, KS
LIN MD, JOE J, WICHITA, KS
LIND II MD, EDWARD J, DERBY, KS
LINDGREN MD, TIBERIO F, KANSAS CITY, KS
LINDHOLM MD, DWIGHT L, WICHITA, KS
LINDHOLM MD, GERALD R, NEWTON, KS
LINDSLEY MD, CAROL B, KANSAS CITY, KS
LINDSLEY MD, HERBERT B, KANSAS CITY, KS
LINENBERGER, KATHERINE, KANSAS CITY, KS
LINHARDT MD, RONALD D, FRANCE,
LINHARDT, GREGORY S, KANSAS CITY, KS
LIPMAN MD, RANDEE E, WICHITA, KS
LISTERMAN MD, JOHN C, TOPEKA, KS
LITTELL MD, JAMES A, WICHITA, KS
LIU MD, ALBERT T, KANSAS CITY, KS
LIU MD, CHIEN, KANSAS CITY, KS
LIVINGSTON D.O., DOUGLAS R, WICHITA, KS
LIVINGSTON MD, CHARLES E, SALINA, KS
LLOYD MD, JAMES W, SHAWNEE MISSION, KS
LLOYD MD, JOHN C, EMPORIA, KS
LOCHAMY MD, RICHARD E, JUNCTION CITY, KS
LOCKE MD, MARLIN K, WAKEENEY, KS
LOCKWOOD MD, TED E, SHAWNEE MISSION, KS
LOEFFLER MD, JAMES A, WICHITA, KS
LOEWEN MD, WILLIAM C, WICHITA, KS
LOGAN MD, DONNA L, WICHITA, KS
LOGAN MD, JAMES E, WICHITA, KS
LOGANBILL MD, VARDEN J, MOUNDRIDGE, KS
LOHNES JR MD, JOHN H, WICHITA, KS
LOKER MD, JAMES L, WICHITA, KS
LOMASNEY MD, PATRICK J, HUTCHINSON, KS
LONG MD, ROBERT C, SPRINGFIELD, MO
LOOP MD, PAUL J, TOPEKA, KS
LOPEZ MD, GRISEN J, SHAWNEE MISSION, KS
LOPEZ-GIBSON MD, EDUARDO, TOPEKA, KS
LOPEZ, THALIA J, KANSAS CITY, KS
LOSEE MD, JOHN M, WICHITA, KS
LOTUACO MD, GAMALIEL G, SHAWNEE MISSION, KS
LOUIS D O, MICHELLE, WICHITA, KS
LOVELAND MD, G CHARLES, LAWRENCE, KS
LOVETT MD, PAUL A, WICHITA, KS
LOW MD, HAROLD L, WICHITA, KS
LOWDEN MD, DAWNE R, WICHITA, KS
LOWE MD, STANLEY W, MANHATTAN, KS
LOWER MD, TERI A, WICHITA, KS
LUCAS MD, GEORGE L, WICHITA, KS
LUDER MD, JACOB K, WICHITA, KS
LUDLOW MD, MICHAEL G, WICHITA, KS
LUDWIG MD, CAROL S, TOPEKA, KS
LUDWIG MD, LEE V, KANSAS CITY, KS
LUEGER D O, JAMES J, SENECA, KS
LUEKEN MD, LUEKE B, WICHITA, KS
LUI MD, NASON, TOPEKA, KS
LUJAN, CHARLES R, SANTA TERESA, NM
LUKERT MD, BARBARA P, KANSAS CITY, KS
LUM D O, MICHAEL, SALINA, KS
LUNA MD, ANTHONY D, BUCKLIN, KS
LUNBERRY MD, JULIA J, COLUMBIA, MO
LUND MD, STEPHEN B, SHAWNEE MISSION, KS
LUNDAK MD, BRUCE E, ROYAL OAK, MI
LUNDQUEST MD, DAVID E, HIAWATHA, KS
LUTZ MD, RICHARD E, WICHITA, KS
LYGRISSE MD, DANIEL V, WICHITA, KS
LYNCH MD, JOHN A, TOPEKA, KS
LYNCH MD, MARY A, WICHITA, KS
LYNCH, MARK A, SHAWNEE MISSION, KS
LYONS JR MD, FRANK C, MANHATTAN, KS

M

MABEN MD, PAMELA S, CHANUTE, KS
MACDOUGALL MD, MARGARET L, KANSAS CITY, KS
MACE MD, RHONDA D, KANSAS CITY, KS
MACE MD, RONALD D, JUNCTION CITY, KS
MACFARLANE MD, DOUGLAS B, OLATHE, KS
MACNAUGHTON, KATHLEEN A, SHAWNEE MISSION, KS
MACY MD, NORMAN E, SALINA, KS
MACY MD, TED L, SALINA, KS
MADISON MD, WILLARD A, NORTONVILLE, KS
MADSEN MD, GLENN L, LAWRENCE, KS
MAGEE D O, RAYMOND D, TOPEKA, KS
MAGIDSON MD, ELLIOTT A, WICHITA, KS
MAGSALIN MD, ROMULO D, HAYSVILLE, KS
MAHER MD, JAMIE L, WICHITA, KS
MAILMAN MD, GERSHOM, WICHITA, KS
MALLONEE MD, WILLIAM M, HUTCHINSON, KS
MALLORY MD, JOHN A, SHAWNEE MISSION, KS
MALM D O, RONALD L, SALINA, KS
MANAHAN MD, G EUGENE, LAWRENCE, KS
MANASCO MD, RONALD R, WICHITA, KS
MANCINA MD, MICHAEL S J, SHAWNEE MISSION, KS
MANDELBAUM MD, MARK A, WICHITA, KS
MANGAR, STEVEN K, KANSAS CITY, KS
MANGUOGLU MD, ALI B, SALINA, KS
MANI MD, MANI M, KANSAS CITY, KS
MANN D O, JEFF L, WICHITA, KS
MANNING MD, ROBERT T, WICHITA, KS
MANSUR MD, LISA I, TAYLORSVILLE, UT
MANTZ MD, FRANK A, SHAWNEE MISSION, KS
MARBACH MD, JAMES C, WICHITA, KS
MARCELL MD, GERALD W, CARBONDALE, KS
MARCHBANKS MD, DONALD L, SALINA, KS
MAREK D O, RON J, WICHITA, KS
MARINE MD, CLIFFORD S, OLATHE, KS
MARKEL MD, LARRY G, BARTLESVILLE, OK
MARKESE, SABRINA, KANSAS CITY, KS
MARPLES MD, BRADLEY W, TOPEKA, KS
MARPLES MD, DOUGLAS, DODGE CITY, KS
MARSH MD, CONNIE M, WICHITA, KS
MARSH MD, GENE E, HALSTEAD, KS
MARSHALL MD, GEORGE W, SALINA, KS
MARSHALL MD, ROGER W, GREAT BEND, KS
MARSHALL MD, RONALD L, MANHATTAN, KS
MARTIN JR MD, GLEN E, WICHITA, KS
MARTIN MD, JEFFERY L, TOPEKA, KS
MARTIN MD, MELANIE A, SHAWNEE MISSION, KS
MARTIN MD, NORMAN L, KANSAS CITY, KS
MARTIN MD, OLIVER L, SALINA, KS
MARTIN MD, PHILIP E, BONNER SPRINGS, KS
MARTIN MD, RONALD L, WICHITA, KS
MARTIN MD, WILLIAM O, TOPEKA, KS
MARTIN, COLEMAN O, KANSAS CITY, KS
MARVEL MD, JAMES E, ARKANSAS CITY, KS
MARYMONT JR MD, JESSE H, WICHITA, KS
MASSOTH MD, SUE V, TOPEKA, KS
MASTERS MD, FRANCIS W, SHAWNEE MISSION, KS
MASTIO JR MD, GEORGE J, ATLANTA, KS
MATASSARIN MD, BENJAMIN M, WICHITA, KS
MATASSARIN MD, FREDERICK W, WICHITA, KS
MATHEWS D O, THOMAS G, GARDEN CITY, KS
MATHEWS MD, DAVID R, KANSAS CITY, MO
MATHEWS MD, ROBERT M, SHAWNEE MISSION, KS
MATHEWSON MD, HUGH S, KANSAS CITY, KS
MATTHEW MD, WILLIAM L, OLATHE, KS
MATTHEWS D O, GEORGE E, GARDEN CITY, KS
MATTHEWS MD, EARL H, SALINA, KS
MATTICK MD, IRVIN H, HAYS, KS
MATTIOLI MD, LEONE, KANSAS CITY, KS
MATZEN MD, TED A, GARDEN CITY, KS
MAUCK MD, HAROLD C, STOCKTON, KS
MAURICIO MD, DENNY G, WICHITA, KS
MAWDSLEY MD, MICHAEL W, WICHITA, KS
MAXFIELD MD, RUSSELL J, COLORADO SPRINGS, CO
MAXWELL MD, GORDON E, SALINA, KS
MAXWELL MD, ROBERT A, SHAWNEE MISSION, KS
MAY MD, CORRI L, WICHITA, KS
MAYS MD, KEVIN P, LITTLE ROCK, AR
MAYUR MD, NITIN N, WICHITA, KS
MC FARLAND MD, GRETA S, CHANUTE, KS
MCALLASTER MD, CLAUDIA, LEAVENWORTH, KS
MCALLASTER MD, WENDALE E, GREAT BEND, KS
MCATEE MD, JAMES R, LITTLE ROCK, AR
MCBOYLE MD, MARILEE, WICHITA, KS
MCBRATNEY MD, KATHLEEN R, LEAVENWORTH, KS
MCCABE MD, MAUREEN E, TOPEKA, KS
MCCANN MD, WILLIAM E, OLATHE, KS
MCCARTER MD, DUANE K, TOPEKA, KS
MCCARTHY MD, AILEEN C, TOPEKA, KS
MCCARTHY MD, ROBERT P, KANSAS CITY, KS
MCCLANAHAN MD, WARD A, WICHITA, KS
MCCLELLAN MD, ERNEST L, WICHITA, KS
MCCLINTICK D O, MICHAEL D, EUREKA, KS
MCCOLLUM MD, WILLIAM B, LEAVENWORTH, KS
MCCORMICK MD, EUGENE CARL, WELLINGTON, KS
MCCOWEN MD, HERBERT M, SHAWNEE MISSION, KS
MCCOWN MD, ROBERT B, WICHITA, KS
MCCOY MD, C PATRICK, WICHITA, KS
MCCOY MD, CHARLES P, WICHITA, KS
MCCOY MD, CHARLES T, HUTCHINSON, KS
MCCOY MD, MICHAEL T, TOPEKA, KS
MCCOY, MIKKI L, KANSAS CITY, KS
MCCRAE MD, SPENCER C, SALINA, KS
MCCULLOCH MD, DAWNA L, KANSAS CITY, KS
MCCUNE MD, MARK A, SHAWNEE MISSION, KS
MCDANIEL MD, R JAMES, PITTSBURG, KS
MCDONALD MD, KEVIN R, HAYS, KS
MCDONALD MD, TERENCE, WICHITA, KS
MCDONALD MD, THOMAS L, HAYS, KS
MCDONOUGH MD, W DAVID, WICHITA, KS
MCDOWELL MD, CHARLES S, SHAWNEE MISSION, KS
MCDOWELL, KATHLEEN L, WICHITA, KS
MCEACHEN MD, WILLIAM H, SHAWNEE MISSION, KS
MCELHINNEY MD, CHARLES F, DODGE CITY, KS
MCELROY MD, ROBERT T, TOPEKA, KS
MCGINNESS MD, MARILEE K, LAWRENCE, KS
MCGOVERN JR MD, JAMES L, TOPEKA, KS
MCGRATH MD, BARBARA A, SHAWNEE MISSION, KS
MCGUIRE MD, CHARLES W, WICHITA, KS
MCGUIRE MD, THOMAS H, SHAWNEE MISSION, KS
MCGUIRE MD, WILLIAM F, WICHITA, KS
MCINNIS MD, DALTON B, WICHITA, KS
MCINTEE MD, RAE A, KANSAS CITY, MO
MCKAY MD, ROBERT S, WICHITA, KS
MCKEE MD, GARY S, HUTCHINSON, KS
MCKEE, JED WAYNE, WICHITA, KS
MCKENNA MD, MICHAEL J, FORT SCOTT, KS
MCKERRACHER MD, ROBERT D, MULVANE, KS
MCKINNEY D O, SHARON L, TOPEKA, KS
MCLAIN MD, KENNETH, RANSOM, KS
MCLEAN MD, THOMAS R, KANSAS CITY, KS
MCMASTER MD, JOHN F, WICHITA, KS
MCMULLEN MD, BRUCE R, WICHITA, KS
MCMULLEN MD, JOSEPH E, HUTCHINSON, KS
MCMURRAY MD, LAURA J, SHAWNEE MISSION, KS
MCNAMARA MD, PATRICIA, WICHITA, KS
MCNEIL MD, ELBERT D, MANHATTAN, KS
MCNICKLE MD, GEORGE A, WICHITA, KS
MCQUEEN MD, DAVID A, WICHITA, KS
MEADOR D O, RICHARD W, MEDICINE LODGE, KS
MEANS MD, MILA L, WICHITA, KS
MEARA, JOHN B, KANSAS CITY, KS
MEBUST MD, WINSTON K, KANSAS CITY, KS
MEEK JR MD, JOSEPH C, WICHITA, KS
MEEK MD, PALMER F, MANHATTAN, KS
MEEKER II MD, BRUCE P, BELLE PLAINE, KS
MEHTA MD, PRAFUL, WICHITA
MEHTA MD, PRAVEEN S, CONCORDIA, KS
MEIDINGER MD, RICHARD, TOPEKA, KS
MEISEL JR MD, RICHARD L, WICHITA, KS
MEISTER MD, GREGORY C, WICHITA, KS
MELEAN MD, JAIME, WICHITA, KS
MELHAM MD, THOMAS J, MUNCIE, IN
MELHORN MD, J MARK, WICHITA, KS
MELHORN MD, KATHERINE J, WICHITA, KS
MELIN MD, BRUCE D, GARDEN CITY, KS
MELLOR MD, MARJORIE J, NORTON, KS
MENAKER MD, JEROME S, WICHITA, KS
MENDIOLA MD, AMBRIOSIO P, LEAVENWORTH, KS
MENDIONES MD, L MARLENE, WICHITA, KS
MENDLICK MD, R MICHAEL, OLATHE, KS
MENEHAN MD, H JAMES, WICHITA, KS
MENGEL MD, CHARLES E, LEAVENWORTH, KS
MENKING MD, F W MANFRED, WICHITA, KS
MENKING MD, SUSAN M, WICHITA, KS
MENNINGER MD, BRENT O, TOPEKA, KS
MENNINGER MD, ROBERT G, TOPEKA, KS
MENNINGER MD, ROY W, TOPEKA, KS
MENNINGER MD, W WALTER, TOPEKA, KS
MENON MD, REMA, PARSONS, KS
MENZEL MD, THOMAS E, SENECA, KS
MERCADER MD, MARIO S, WICHITA, KS
MEREDITH MD, W TOM, WICHITA, KS
MERKEL MD, EARL D, RUSSELL, KS
MERRIFIELD MD, TERRY S, WICHITA, KS
MERRITT MD, W HENRY, LEAVENWORTH, KS
MERSHON MD, JAMES C, WICHITA, KS
MESSAMORE MD, DEBRA L, WICHITA, KS
MESSNER MD, STAN A, WICHITA, KS
METZ MD, BRIAN A, OLATHE, KS
MEYER MD, ANGELA M, WICHITA, KS
MEYER MD, MARK C, KANSAS CITY, KS
MEYER MD, O WARREN, TOPEKA, KS
MEYER MD, WARREN E, WICHITA, KS
MEYERS MD, STEPHEN, GARDEN CITY, KS
MHATRE MD, VIJAY R, TOPEKA, KS
MICHAEL MD, RICHARD O, WICHITA, KS
MICHELBACH MD, ALBERT P, WICHITA, KS
MIDYETT, LARRY K, KANSAS CITY, KS
MIGLIAZZO MD, CARL V, SHAWNEE MISSION, KS
MIGUELINO MD, OLIVER M, EMPORIA, KS
MILFELD MD, DOUGLAS J, WICHITA, KS
MILLER D O, STEPHEN A, COFFEYVILLE, KS
MILLER MD, DAVID P, WICHITA, KS
MILLER MD, DEAN M, PARSONS, KS
MILLER MD, DENNIS W, KANSAS CITY, KS
MILLER MD, DON E, TAMPA, FL
MILLER MD, EARL E, PITTSBURG, KS
MILLER MD, ELDEN V, SALINA, KS
MILLER MD, F LANCE, SHAWNEE MISSION, KS
MILLER MD, FRANKLIN R, WINFIELD, KS

MILLER MD, HERBERT C, NORTHFORD, CT
MILLER MD, ROBERT E, GARDEN CITY, KS
MILLER MD, ROGER M, WICHITA, KS
MILLER MD, STEPHEN F, PARSONS, KS
MILLER MD, TODD A, WICHITA, KS
MILLER, CHRISTOPHER D, SHAWNEE MISSION, KS
MILLER, RICHARD D, KANSAS CITY, KS
MILLIGAN MD, DONALD B, SHAWNEE MISSION, KS
MILLS JR MD, PHILIP E, TOPEKA, KS
MILLS MD, BRIAN G, SHAWNEE MISSION, KS
MILLS MD, CRAIG G, KANSAS CITY, KS
MILLS MD, PHILIP R, WICHITA, KS
MILLS MD, STEPHEN C, HUTCHINSON, KS
MILLS MD, VERNON A, LEAVENWORTH, KS
MINGES MD, TIMOTHY J, WESTMORELAND, KS
MINGLE MD, RALPH R, SHAWNEE MISSION, KS
MINNS MD, GAROLD O, WICHITA, KS
MIRABILE MD, JAMES, SHAWNEE MISSION, KS
MIRANDA MD, JOSEPH R, WICHITA, KS
MISKEW MD, DON B W, SHAWNEE MISSION, KS
MITCHELL MD, DANIEL S, WICHITA, KS
MITCHELL MD, ERIK K, TOPEKA, KS
MODDRELL MD, CAROL A, LAWRENCE, KS
MODELL MD, ELLEN M, EDMONDS, WA
MODLIN MD, HERBERT C, TOPEKA, KS
MOELLER MD, CHRISTOPHER A, WICHITA, KS
MOELLER MD, DONALD D, KANSAS CITY, KS
MOFFAT MD, JOHN D, LIBERAL, KS
MOFFAT MD, ROBERT E, SHAWNEE MISSION, KS
MOGHE MD, CHANDRAKANT B, COLUMBUS, KS
MOHLER MD, JACK M, ABILENE, KS
MOLOS MD, MARK A, KANSAS CITY, KS
MONTGOMERY MD, MICHAEL L, EMPORIA, KS
MONTGOMERYSHORT MD, RUTH G, WICHITA, KS
MOORE MD, CANDICE A, TOPEKA, KS
MOORE MD, DENNIS F, WICHITA, KS
MOORE MD, JAMES E, NEWTON, KS
MOORE MD, JULIE A, SALINA, KS
MOORE MD, ROBERT, HOISINGTON, KS
MOORE MD, ROBERT F, CANEY, KS
MOORE MD, WAYNE V, KANSAS CITY, KS
MOORE, CHARLES F, KANSAS CITY, KS
MOORE, JON M, SHAWNEE MISSION, KS
MOORHEAD JR MD, F ALLEN, NEODESHA, KS
MOREANO MD, PHILLIP A, WICHITA, KS
MORFFI MD, RAUL R, KANSAS CITY, KS
MORFORD MD, RONALD G, WICHITA, KS
MORGAN II MD, DAVID L, OLATHE, KS
MORGAN III MD, LOUIS S, WICHITA, KS
MORGAN MD, JAMES I, WICHITA, KS
MORGAN MD, MITCH A, WICHITA, KS
MORGAN MD, RANDALL J, WICHITA, KS
MORITZ MD, RICK S, SHAWNEE MISSION, KS
MOROHUNFOLA MD, KEHINDE A, GREENSBURG, KS
MORONEY MD, JEAN M, SHAWNEE MISSION, KS
MORRELL MD, DAVID G, WICHITA, KS
MORRIS MD, HARRY A, WICHITA, KS
MORRIS MD, MERLE D, TOPEKA, KS
MORRISON MD, GRACE A, TOPEKA, KS
MORRISON MD, MICHAEL R, TOPEKA, KS
MORRISON MD, RICHARD L, WICHITA, KS
MORROW MD, THOMAS F, WICHITA, KS
MORTENSEN MD, STEEN E, WICHITA, KS
MOSELEY MD, A CANDACE, KANSAS CITY, MO
MOSER JR MD, ROBERT P, TRIBUNE, KS
MOSER MD, SCOTT E, WICHITA, KS
MOSIER MD, KEVIN M, PARSONS, KS
MOSIER MD, MIKE, MANHATTAN, KS
MOSIER MD, STANLEY J, WICHITA, KS
MOSIER MD, STEVEN J, MANHATTAN, KS
MOSIER, SUSAN K, KANSAS CITY, KS
MOSSINGHOFF MD, DEBORAH A, SHAWNEE MISSION, KS
MOWERY MD, WILLIAM E, SALINA, KS
MOWRY MD, GERALD L, MANHATTAN, KS
MROZ MD, MARY K, WICHITA, KS
MUEHLBERGER MD, JAMES J, SHAWNEE MISSION, KS
MUELLER MD, ARNOLD V, TOPEKA, KS
MUELLER MD, MICHAEL A, WICHITA, KS
MUILENBURG MD, JEFFREY J, WICHITA, KS
MULL MD, JOHN C, HUTCHINSON, KS
MULLINIX MD, JANICE M, WICHITA, KS
MUMFORD MD, JOSEPH E, TOPEKA, KS
MUNNS MD, STEPHEN W, KANSAS CITY, KS
MURATI MD, PEDRO A, WICHITA, KS
MURFITT MD, MALCOLM C, LINDSBORG, KS
MURPHY MD, BARRY L, WICHITA, KS
MURPHY MD, DUANE A, WICHITA, KS
MURPHY MD, GARY D, SALINA, KS
MURPHY MD, JAY W, SHAWNEE MISSION, KS
MURPHY MD, MICHAEL J, TOPEKA, KS
MURPHY MD, PATRICK L, WICHITA, KS
MURPHY MD, PAUL M, WICHITA, KS
MURPHY MD, PAUL W, WICHITA, KS
MURPHY MD, WILLIAM R, NEWTON, KS
MURPHY MD, WILLIAM R C, WICHITA, KS
MURPHY, DANIEL J, KANSAS CITY, KS
MURRAY MD, JANE L, KANSAS CITY, KS
MURRAY MD, W LEE, SHAWNEE MISSION, KS
MURROW MD, RICHARD W, WICHITA, KS
MYERS IV MD, PERCY C, TOPEKA, KS
MYERS MD, DANIEL L, CONCORDIA, KS
MYERS MD, JO ANN, TOPEKA, KS
MYRICK MD, MICKEY C, WICHITA, KS
MYRICK MD, STEPHEN W, LAWRENCE, KS

N

NABOURS MD, RICHARD D, TOPEKA, KS
NACHTIGALL MD, ANDREW, WICHITA, KS
NALDOZA JR MD, FAUSTINO M, WELLINGTON, KS
NANNEY MD, GREGORY D, HUTCHINSON, KS
NARCISO MD, VICENTE D, ABILENE, KS
NASH MD, CYNTHIA I, WICHITA, KS
NATHAN MD, WILLIAM A, TOPEKA, KS
NAUER MD, PAULA L, SHAWNEE MISSION, KS
NAVICKAS MD, LEONARD A, SHAWNEE MISSION, KS
NAZARIO MD, LILIANA E, SHAWNEE MISSION, KS
NEEF MD, DOUG STEVENS, HUMBOLDT, KS
NEEL MD, JAMES W, WICHITA, KS
NEHORAYAN, MARC L, ENCINO, CA
NEIBURGER MD, JAMES B, SHAWNEE MISSION, KS
NEIGHBOR MD, ERNEST H, SHAWNEE MISSION, KS
NEIL MD, ROY N, HAYS, KS
NELSON CAMPION, JANET M, SHAWNEE MISSION, KS
NELSON JR MD, GUST H, WICHITA, KS
NELSON MD, BRYAN C, SHAWNEE MISSION, KS
NELSON MD, CHARLES G, DODGE CITY, KS
NELSON MD, GERALD D, WICHITA, KS
NELSON MD, JOHN B, KANSAS CITY, KS
NELSON MD, MARIAN K, CLAY CENTER, KS
NELSON MD, RUSSELL A, WICHITA, KS
NELSON MD, TAMMIE L, SHAWNEE MISSION, KS
NELSON, KRISTA A, KANSAS CITY, KS
NESMITH MD, LESLIE W, WICHITA, KS
NETHERTON MD, DAVID M, WICHITA, KS
NEUBAUER MD, MARCUS A, SHAWNEE MISSION, KS
NEUENSCHWANDER MD, JOHN, HOXIE, KS
NEUENSCHWANDER MD, JOHN RAND, HOXIE, KS
NEUER MD, FREDERICK S, EMPORIA, KS
NEUHAUS, JOHN P, KAILUA, HI
NEUMAN MD, MICHAEL J, WICHITA, KS
NEUMANN MD, JAMES W, SALINA, KS
NEUSCHAFER MD, DARREL R, HUTCHINSON, KS
NEWBY MD, JAMES P, WICHITA, KS
NEWBY, CORY, MADISON, WI
NEWCOMB MD, WARD M, HAYS, KS
NEWELL MD, LINDA C, SCOTTSDALE, AZ
NEWLIN MD, PHILIP L, WICHITA, KS
NEWSOM MD, F CARTER, WICHITA, KS
NEWTH D O, MARK S, TOPEKA, KS
NIBBELINK MD, LARRY W, KANSAS CITY, KS
NICE MD, G WILLIAM, TOPEKA, KS
NICHOLAS MD, W JOHN, WICHITA, KS
NICHOLS D O, DAVID J, TOPEKA, KS
NICHOLS MD, JEFF S, TOPEKA, KS
NICHOLS MD, ROBERT R, FORT SCOTT, KS
NICKELL MD, WENDELL K, SALINA, KS
NIEDEREE MD, DAVID W, DERBY, KS
NIELSEN MD, MARY L, WICHITA, KS
NIENSTEDT MD, JOHN F, SUN CITY, AZ
NIERNBERGER D O, JERRY E, WICHITA, KS
NIGH MD, STEPHEN S, CHESAPEAKE, VA
NIGHTENGALE MD, DIANE D, EL DORADO, KS
NIHIRA, MIKIO A, LOS ANGELES, CA
NIKNIA MD, MORTEZA, GARDNER, KS
NIXON JR MD, NED R, SHAWNEE MISSION, KS
NIXON MD, JAMES E, DODGE CITY, KS
NIXON MD, WILLIAM A, WICHITA, KS
NOBLE MD, MARK J, KANSAS CITY, KS
NOLA MD, BOUNSAVATH, WICHITA, KS
NOLAN D O, PHYLLIS C, WICHITA, KS
NOLKER MD, STEPHEN G, LAWSON, MO
NOLLA MD, LORAINE B, WICHITA, KS
NOORDHOEK MD, LYLE J, HAYS, KS
NORA MD, JOSEPH T, TOPEKA, KS
NORMAN MD, BENJAMIN R, WICHITA, KS
NORRIS MD, CHARLEY W, KANSAS CITY, KS
NORRIS MD, JOSIE A, TOPEKA, KS
NORRIS MD, ROBERT P, WICHITA, KS
NORTH MD, DORIS G, WICHITA, KS
NORTHWAY MD, DANIEL P, TOPEKA, KS
NORTON MD, KENNETH A, SHAWNEE MISSION, KS
NORTON MD, ROBERT K, WICHITA, KS
NOSTI MD, JUAN C, SHAWNEE MISSION, KS
NOTHNAGEL MD, ARNOLD F, SHAWNEE MISSION, KS
NOTTINGHAM MD, ROBERT M, OLATHE, KS
NOVOTNY MD, PETER C, TOPEKA, KS
NULL MD, WILLIAM G, SALINA, KS
NUNEMAKER MD, MARION E, HUTCHINSON, KS
NYE MD, C ERIK, SHAWNEE MISSION, KS

O

O'BOYNICK II MD, PAUL LEONARD, KANSAS CITY, KS
O'CALLAGHAN MD, WILLIAM K, TOPEKA, KS
O'CONNELL MD, DAVID M, SHAWNEE MISSION, KS
O'CONNELL MD, SARA S, SHAWNEE MISSION, KS
O'DEA MD, TIMOTHY O, WICHITA, KS
O'DONNELL JR MD, LEONARD A, WICHITA, KS
O'DONNELL MD, HARRY E, MANHATTAN, KS
O'DONNELL MD, HELEN M, KANSAS CITY, KS
O'KEEFE D O, CATHERINE M, TOPEKA, KS
O'NEAL MD, LYNN W, LAWRENCE, KS
O'NEIL MD, ROBERT H, TOPEKA, KS
OCHSNER MD, BRUCE B, WICHITA, KS
ODENHEIMER MD, BURTRAM J, WICHITA, KS
ODGERS MD, RODNEY K, PITTSBURG, KS
OHMAN MD, RICHARD J, DODGE CITY, KS
OHMART MD, RICHARD V, OAKLEY, KS
OLD MD, JERRY L, ARKANSAS CITY, KS
OLMSTEAD MD, CALVIN G, WICHITA, KS
OLNEY MD, ROBERT D, MANHATTAN, KS
OLSEN MD, PHILLIP S, EL DORADO, KS
OLSON MD, NANCY Y, KANSAS CITY, KS
OLSON MD, ERWIN T, NEWTON, KS
OLSON MD, THOMAS H, SHAWNEE MISSION, KS
OMMEN MD, SHARI L, PAOLA, KS
OOMMEN MD, JACOB S, CONCORDIA, KS
OPPLIGER DO, ERIC R, GARDEN CITY, KS
ORCHARD MD, RICHARD A, LAWRENCE, KS
ORTH MD, GREGORY, MIDWEST CITY, OK
ORTH-BAALMAN MD, DIANE M, WICHITA, KS
OSBERN MD, LIDA, LAWRENCE, KS
OSIO MD, ANTONIO L, WICHITA, KS
OSOBA MD, WILLIAM G, WICHITA, KS
OSTER MD, JOYCE A, WICHITA, KS
OTTINGER MD, CHRISTOPHER M, SHAWNEE MISSION, KS
OUANO JR MD, BIBIANO B, WICHITA, KS
OWEN III MD, JAMES W, TOPEKA, KS
OWEN MD, LARUE W, WICHITA, KS
OWEN MD, PERE A, GODDARD, KS
OWENS JR MD, WILLIAM S, COLUMBIA, SC
OWENS MD, DAVID B, SHAWNEE MISSION, KS
OXLER JR MD, JOHN E, SHAWNEE MISSION, KS
OXLEY MD, DWIGHT K, WICHITA, KS
OZANNE MD, STEPHEN, WICHITA, KS

P

PAGE D O, LESLIE F, WICHITA, KS
PAGE MD, PATRICK B, WICHITA, KS
PAGE MD, RUTH, WICHITA, KS
PAI MD, RADHA V, PARSONS, KS
PAI MD, VARADARAJ S, PARSONS, KS
PALAGANAS-TOSCO MD, AMANDA C, MCLOUTH, KS
PALAZZOLO MD, MICHAEL J, KANSAS CITY, KS
PALKO MD, WILLIAM M, WICHITA, KS
PALMBERG MD, KENT E, TOPEKA, KS
PALMER MD, DAVID L, WICHITA, KS
PALMER MD, GERALD K, SALINA, KS
PALTOO MD, RAYMOND M, LIBERAL, KS
PANKOW MD, KIMBERLY J, WICHITA, KS
PANKOW MD, LARRY M, WICHITA, KS
PAPP JR MD, S DEAN, PITTSBURG, KS
PARANJOTHI MD, SUBRAMONIAM P, PARSONS, KS
PARDO MD, LILLIAN G, KANSAS CITY, KS
PARDO MD, MANUEL P, SHAWNEE MISSION, KS
PAREKH MD, AJITKUMAR M, KANSAS CITY, KS
PAREKH MD, MADHAVI A, KANSAS CITY, KS
PARHAM MD, VERDON W, CHANUTE, KS
PARHAM, PAMELA C, KANSAS CITY, KS
PARK MD, RACHAEL E, WICHITA, KS
PARKER MD, HAROLD L, WICHITA, KS

PARKS MD, GILBERT R, TOPEKA, KS
PARMAN MD, CRAIG R, WICHITA, KS
PARMAN MD, LINDA M, LAWRENCE, KS
PARMAN MD, ROBERT D, TOPEKA, KS
PARR JR MD, HAROLD E, TOPEKA, KS
PARR MD, CATHERINE, SHAWNEE MISSION, KS
PARRA MD, DANIEL C, KANSAS CITY, KS
PARRA MD, MICHAEL M, KANSAS CITY, KS
PARRA MD, MIGUEL D, KANSAS CITY, KS
PARRIOTT MD, JOEL E, SALINA, KS
PARRIS MD, ROGER D, FORT SCOTT, KS
PARRISH BRANDES MD, LISA K, WICHITA, KS
PARRISH MD, STEVEN, KANSAS CITY, KS
PARSI MD, MANUTCHEHR, PITTSBURG, KS
PARULKAR MD, DEEPAK S, TOPEKA, KS
PASCUA MD, PERCIVAL G, TOPEKA, KS
PASIMIO MD, ROGER S, COLUMBUS, KS
PASSMAN MD, STEVEN M, WICHITA, KS
PASTOR MD, VICTOR H, EMPORIA, KS
PATE, BRIAN M, WICHITA, KS
PATEL MD, MAHENDRA N, TOPEKA, KS
PATRICK MD, FRED E, TOPEKA, KS
PATRON MD, RICARDO A, LIBERAL, KS
PATRON MD, RICARDO F, NEWTON, KS
PATTERSON MD, JOHN R, SHAWNEE MISSION, KS
PATTON MD, J MICHAEL, WICHITA, KS
PAULS MD, DANIEL N, PARSONS, KS
PAULS MD, DAVID G, MANHATTAN, KS
PAULY MD, TIMOTHY R, HUTCHINSON, KS
PAXTON MD, EDWARD S, WICHITA, KS
PAY MD, NORMAN T, WICHITA, KS
PAYNE MD, J RALPH, KANSAS CITY, MO
PAYNE MD, ROBERT R, TOPEKA, KS
PAZELL MD, JOHN A, SHAWNEE MISSION, KS
PEARCE MD, LUNETTA M, SHAWNEE MISSION, KS
PEARSON MD, MARK A, LEAVENWORTH, KS
PEASE MD, GARY L, HUTCHINSON, KS
PEASTER MD, MICHAEL L, CHANUTE, KS
PECK MD, ROGER, GREAT BEND, KS
PEDERSON MD, ARNOLD M, PLAINVILLE, KS
PEDRAZA MD, HERNANDO, WELLINGTON, KS
PEEL MD, KERRY A, WICHITA, KS
PEERY MD, WILLIAM H, WICHITA, KS
PEES MD, GERALD B, APOLLO BEACH, FL
PEFFLY MD, ELMER D, CHETOPA, KS
PELLETIER JR MD, LAWRENCE L, WICHITA, KS
PENCE MD, CHARLES D, WICHITA, KS
PENN MD, DAVID J, CARBONDALE, KS
PENNER MD, STEVEN D, WICHITA, KS
PENNER MD, TIMOTHY M, CLAY CENTER, KS
PENNINGTON MD, KATHERINE, WICHITA, KS
PENTECOST MD, RICHARD L, SHAWNEE MISSION, KS
PENZLER MD, CINDY E, TOPEKA, KS
PERALES MD, MERCEDES, WICHITA, KS
PERDUE II MD, W LANG, TOPEKA, KS
PEREIRA MD, WILLY G, NEWTON, KS
PERERIE MD, JERRY D, WICHITA, KS
PEREZ-TAMAYO MD, CLAUDIA, SALINA, KS
PERIDO MD, DOMINADOR T, ELKHART, KS
PERKINS MD, JACK L, HUTCHINSON, KS
PERKINS, HAROLD L, HAYSVILLE, KS
PERRY JR MD, LAWRENCE L, KANSAS CITY, KS
PERRY MD, MARK A, SHAWNEE MISSION, KS
PERSONS MD, DIANE L, ROCHESTER, MN
PETELIN MD, JOSEPH B, SHAWNEE MISSION, KS
PETERS MD, ERIC A, SHAWNEE MISSION, KS
PETERS MD, THOMAS J, WICHITA, KS
PETERSEN MD, GERALD D, SHAWNEE MISSION, KS
PETERSEN, MARK I, BONNER SPRING, KS
PETERSON D O, PEGGY S, MANHATTAN, KS
PETERSON JR MD, EVAN A, WATHENA, KS
PETERSON MD, DAVID A, SALINA, KS
PETERSON MD, HUBERT C, LIBERAL, KS
PETERSON MD, ILA M, SHAWNEE MISSION, KS
PETERSON MD, JAMES E, SALINA, KS
PETERSON MD, ROBERT L, TOPEKA, KS
PETERSON MD, STACY L, WICHITA, KS
PETERSON MD, VERNON J, TOPEKA, KS
PETRAKIS MD, PATRICIA M, SALINA, KS
PETRIK MD, EDWIN L, TOPEKA, KS
PETTERSON MD, CECIL E, SYRACUSE, KS
PETTERSON MD, DENNIS C, TOPEKA, KS
PETTERSON MD, O'RUTH S, FORT LAUDERDALE, FL
PETTIJOHN MD, WALTER J, GUADALAJARA JALISCO, MX
PFEIFFER, BRIAN D, KANSAS CITY, KS
PFUETZE MD, BRUCE L, SHAWNEE MISSION, KS
PFUETZE MD, KARL D, SHAWNEE MISSION, KS
PFUETZE MD, ROBERT E, TOPEKA, KS
PHAM, THUHA T, WICHITA, KS
PHELPS MD, DAVID W, FORT SCOTT, KS
PHILIPP MD, JOSEPH T, MANHATTAN, KS
PHILLIPS MD, DENNIS G, WICHITA, KS
PHILLIPS MD, WARREN G, SHAWNEE MISSION, KS
PHIPPS MD, CARLA B, LAWRENCE, KS
PHIPPS MD, JACK G, WICHITA, KS
PHIPPS MD, RONNY, INDEPENDENCE, KS
PIAZZA D O, RICHARD S, WICHITA, KS
PIBURN MD, MARVIN F, WICHITA, KS
PICKERT MD, CURTIS B, WICHITA, KS
PIERCE MD, CHARLES F, BRANDON, MS
PIERCE MD, DONALD R, TOPEKA, KS
PIERCE MD, GEORGE E, KANSAS CITY, KS
PIERSON MD, MARK E, EMPORIA, KS
PIERSON MD, WEIR, MC PHERSON, KS
PILCHARD MD, WILLIAM A, SHAWNEE MISSION, KS
PINGLETON MD, WILLIAM W, SHAWNEE MISSION, KS
PINSKER MD, JACOB A, WICHITA, KS
PIPPIN MD, LYNNE K, SHAWNEE MISSION, KS
PIRELA-CRUZ MD, MIGUEL A, WICHITA, KS
PITTMAN-PARKS MD, TANYA J, SALINA, KS
PITTS MD, JEANETTE M, WICHITA, KS
PITTS MD, RONALD L, SHAWNEE MISSION, KS
PLUMB MD, RENNE L, KANSAS CITY, KS
PLUMLEE MD, GEOFFREY B, SALINA, KS
PODREBARAC MD, PIERRE, ATLANTA, GA
POGSON MD, GEORGE W, PITTSBURG, KS
POKORNY MD, JOHN C, HAYS, KS
POLING MD, TERRY L, WICHITA, KS
POLLMAN MD, STANLEY E, WICHITA, KS
POLLOCK MD, ANTHONY G A, WICHITA, KS
POLLY MD, RICHARD E, TOPEKA, KS
POOLE MD, BERNARD T, WICHITA, KS
PORTER MD, DAVID M, KANSAS CITY, KS
PORTER MD, GARRY L, WICHITA, KS
PORTER MD, MICHAEL G, WICHITA, KS
PORTER MD, ROBERT D, TOPEKA, KS
PORTER MD, SCOTT W, WICHITA, KS
PORTO JR MD, ANTHONY F, SHAWNEE MISSION, KS
POTTER MD, ROBERT L, KANSAS CITY, KS
POULOSE MD, ANIL K, SAINT PAUL, MN
POULTON MD, THOMAS J, TOPEKA, KS
POWELL II MD, BENSON M, TOPEKA, KS
POWELL MD, CAROL W, SHAWNEE MISSION, KS
POWELL MD, KENNETH A, SHAWNEE MISSION, KS
POWELL MD, TIMOTHY J, PITTSBURG, KS
POWELL MD, WILLIAM R, TOPEKA, KS
POWERS MD, G ROBERT, KANSAS CITY, KS
PRAEGER MD, MARK A, LAWRENCE, KS
PRASAD MD, BABU, HAYS, KS
PRATT, STEPHEN E, KANSAS CITY, KS
PRENDES MD, CARLOS A, SHAWNEE MISSION, KS
PRENTISS MD, HAROLD, NEWTON, KS
PRESKORN MD, SHELDON H, WICHITA, KS
PRESTON MD, DAVID F, KANSAS CITY, KS
PRESTON MD, RALPH R, TOPEKA, KS
PRESTON MD, RICHARD, GREAT BEND, KS
PRETZ MD, JAMES B, KANSAS CITY, KS
PRIBIL MD, ALAN N, PRATT, KS
PRICE JR MD, LAURANCE W, LAWRENCE, KS
PRICE MD, JAMES G, SHAWNEE MISSION, KS
PRICE MD, PETER G, PHOENIX, AZ
PRICE MD, VAUGHAN C, MC PHERSON, KS
PRIETO MD, JORGE N, KANSAS CITY, KS
PROCTOR MD, ROBERT W, EL DORADO, KS
PROHASKA, DANIEL J, KANSAS CITY, KS
PROKOP MD, BRADFORD S, TOPEKA, KS
PRONKO MD, MICHAEL J, SHAWNEE MISSION, KS
PROUD MD, G ONEIL, SHAWNEE MISSION, KS
PUGH MD, DAVID M, KANSAS CITY, KS
PULLMAN MD, NORMAN K, WICHITA, KS
PURDY, ANGEL M, PIKESVILLE, MD
PURINTON MD, LEW W, WICHITA, KS
PUTNAM MD, ANTHONY M, SCOTTSDALE, AZ

Q

QAMAR MD, YUSUF, NEWTON, KS
QUIGLEY MD, JAMES, SHAWNEE MISSION, KS
QUIGLEY MD, PATRICK R, COLUMBIA, MO
QUINLAN D O, GREGORY H, FORT SCOTT, KS
QUINN MD, CHARLES E, KANSAS CITY, KS
QUINN MD, JOHN M, KANSAS CITY, KS
QUINONES MD, ELADIO A, TAMPA, FL

R

RABE MD, MELVIN A, LEAVENWORTH, KS
RABE, AMY C, WICHITA, KS
RACELA JR MD, ANTONIO S, SHAWNEE MISSION, KS
RADAKOVICH, RICKY R, KANSAS CITY, KS
RADOVANOV MD, RADMILA, WICHITA, KS
RAGHAVAN MD, PARULA P, WICHITA, KS
RAGHAVAN MD, PRAKASH V, WICHITA, KS
RAINBOW-EARHART MD, KATHRYN A, TOPEKA, KS
RAJEWSKI MD, RICHARD L, HAYS, KS
RAJU MD, A S PADMA, TOPEKA, KS
RALSTIN MD, JAMES H, KANSAS CITY, KS
RAMBERG MD, STEVEN M, KANSAS CITY, KS
RAMIREZ MD, AUGUSTO H, PITTSBURG, KS
RAMIREZ MD, IRENE P, PITTSBURG, KS
RAMSEY MD, BARTLETT W, TOPEKA, KS
RAMSEY MD, TRACY C, WICHITA, KS
RANDALL MD, GEORGE R, WICHITA, KS
RANDLES MD, MICHAEL J, WICHITA, KS
RANKIN MD, KRISTI, SHAWNEE MISSION, KS
RANSDELL MD, EDGAR C, TOPEKA, KS
RANSOM MD, JAMES H, TOPEKA, KS
RANSOM MD, WILLARD B, OTTAWA, KS
RAO MD, MEENA, HUTCHINSON, KS
RASMUSSEN MD, THOMAS J, SHAWNEE MISSION, KS
RATE MD, PEGGY S, HUTCHINSON, KS
RATE MD, ROBERT G, HUTCHINSON, KS
RATZLAFF MD, JAMES D, WICHITA, KS
RAUSA JR MD, FRANCISCO C, WICHITA, KS
RAUSCH MD, MICHAEL A, EL DORADO, KS
RAWCLIFFE JR MD, ROBERT A, WICHITA, KS
RAY MD, DAVID J, CONCORDIA, KS
RAZEK MD, HANA A, WICHITA, KS
RAZEK MD, ZACK A, WICHITA, KS
READER MD, G WHITNEY, WICHITA, KS
REALS MD, THOMAS C, WICHITA, KS
REALS MD, WILLIAM J, WICHITA, KS
REASONER, BRIAN M, SHAWNEE MISSION, KS
REAZIN MD, WALTER L, WICHITA, KS
RECKLING MD, FREDERICK W, KANSAS CITY, KS
REDDI MD, RAGHUNATH P, WICHITA, KS
REDDY MD, B N, HILL CITY, KS
REDDY MD, P JAGANNADHA, HILL CITY, KS
REDDY MD, SATTI S, GREAT BEND, KS
REDDY MD, SUGUNA V, EL DORADO, KS
REDDY MD, VENUMBAKA C, EL DORADO, KS
REDMON DO, MARY L, KANSAS CITY, KS
REEB MD, RONALD J, KANSAS CITY, KS
REECE MD, RICHARD J, SALINA, KS
REED JR MD, WILLIAM O, SHAWNEE MISSION, KS
REED MD, A J, WICHITA, KS
REED MD, D CRAMER, WICHITA, KS
REED MD, DAVID D, WICHITA, KS
REED MD, JAMES S, LAWRENCE, KS
REED MD, WILLIAM R, WICHITA, KS
REED, JUSTIN A, WICHITA, KS
REESE MD, JOHN L, LAWRENCE, KS
REEVES (MC)USNR, CAPT C S, FORT SAM HOUSTON, TX
REGAS MD, STEPHEN L, KANSAS CITY, MO
REICHENBERGER MD, RONALD J, WICHITA, KS
REIFSCHNEIDER D O, JOHN S, LEAVENWORTH, KS
REILE OBLANDER, DANA, ROCKVILLE, MO
REIMER, ARLO J, SHAWNEE MISSION, KS
REINHARDT-WULF MD, TAISSIA L, GARDEN PLAIN, KS
REINKING MD, VICTOR E, TOPEKA, KS
REISMAN MD, MICHAEL A, WICHITA, KS
REISWIG MD, GARY W, WICHITA, KS
REISWIG MD, JEFFREY S, WICHITA, KS
REIVICH MD, RONALD S, KANSAS CITY, MO
RELIHAN MD, DONALD A, WICHITA, KS
REMPEL MD, JOHN H, WICHITA, KS
RENNER MD, PATRICK A, SHAWNEE MISSION, KS
REPLOGLE MD, CHARLES B, GREAT BEND, KS
RESCHLY MD, RONALD R, HALSTEAD, KS
RETTELE MD, GARRICK A, LITTLE ROCK, AR
REUSSER MD, LAYNE M, WICHITA, KS
REUSSNER MD, LEE, ROCHESTER, NY
REVELS MD, HARRY, SHAWNEE MISSION, KS
REYES JR MD, FRANCISCO A, OTTAWA, KS
REYES MD, GERARDO, WICHITA, KS
REYMOND MD, RALPH D, TOPEKA, KS
REYNOLDS MD, MICHAEL G, SHAWNEE MISSION, KS
REYNOLDS MD, TERESA A, WICHITA, KS
REYNOSO MD, LANCE A, OTTAWA, KS
RHOADES MD, JODY M, SHAWNEE MISSION, KS
RHOADS MD, ANNE C, OLATHE, KS
RHOADS MD, JAMES P, TOPEKA, KS

RHOADS MD, JEFFREY P, TOPEKA, KS
RHODES MD, IVAN E, RIO VERDE, AZ
RHODES MD, JAMES B, KANSAS CITY, KS
RHODES MD, LOWELL M, WICHITA, KS
RICCI MD, ROBERT L, TOPEKA, KS
RICE MD, BERNARD F, SHAWNEE MISSION, KS
RICHARDS MD, DALLAS L, HAYS, KS
RICHARDS MD, DAVID A, ROY, UT
RICHARDS MD, JON F, SALINA, KS
RICHARDSON II D O, LESTER E, SHAWNEE MISSION, KS
RICHARDSON MD, JAY L, SHAWNEE MISSION, KS
RICHARDSON, KAREN M, DENVER, CO
RICHMAN MD, DANA R, HUTCHINSON, KS
RICHMAN MD, DAVID S, HUTCHINSON, KS
RICHTER MD, DON G, SHAWNEE MISSION, KS
RICK JR MD, GREGORY G, SHAWNEE MISSION, KS
RICKETTS-KINGFISHER MD, DAVID J, TOPEKA, KS
RIDER MD, JAMES W, ATCHISON, KS
RIDGE MD, CHARLES H, COLDWATER, KS
RIDGWAY MD, LEAH D, SHAWNEE MISSION, KS
RIDGWAY MD, LOUIS E, KANSAS CITY, KS
RIEG MD, KEVIN P, PANAMA CITY BEACH, FL
RIEGER MD, ERNEST H, WICHITA, KS
RIEKHOF MD, PAUL L, SHAWNEE MISSION, KS
RIFFEL MD, LAWRENCE D, SHAWNEE MISSION, KS
RIGGS MD, KAY R, WICHITA, KS
RINDT MD, PHILLIP L, FREDONIA, KS
RIORDAN MD, HUGH D, WICHITA, KS
RISING MD, JESSE D, KANSAS CITY, MO
RIVERA D O, DARLA K, WICHITA, KS
RIVERA-ORTIZ MD, EPIFANIO, WICHITA, KS
RIZZA MD, ROBERT G, HALSTEAD, KS
ROACH MD, NEIL E, WICHITA, KS
ROAN MD, YEAI, WICHITA, KS
ROBBINS MD, KATHLEEN M, WICHITA, KS
ROBERTS D O, ROGER W, WICHITA, KS
ROBERTS MD, AUDREY M, NEWTON, KS
ROBERTS MD, SHELDON D, GARDEN CITY, KS
ROBERTSON MD, EDWARD J, SHAWNEE MISSION, KS
ROBERTSON MD, JOSEPH K, WICHITA, KS
ROBICHAUX MD, JOHN C, WICHITA, KS
ROBINSON MD, DAVID B, TOPEKA, KS
ROBINSON MD, DAVID W, SHAWNEE MISSION, KS
ROBINSON MD, G DONALD, WICHITA, KS
ROBINSON MD, JOHN D, SHAWNEE MISSION, KS
ROBINSON MD, RALPH G, KANSAS CITY, KS
ROBINSON MD, ROBERT H, WICHITA, KS
ROBL MD, DAVID A, WICHITA, KS
ROCKEFELLER MD, JOHN D, TOPEKA, KS
RODERICK MD, JAMES E, SALINA, KS
RODGERS MD, CHRISTOPHER P, HUTCHINSON, KS
RODRIGUEZ MD, HECTOR D, KANSAS CITY, KS
RODRIGUEZ MD, PAUL L, GARDEN CITY, KS
RODRIGUEZ MD, WILMAR C, EL DORADO, KS
RODRIGUEZTOCKER MD, LILIA, WICHITA, KS
ROEDER MD, ROBERT E, TOPEKA, KS
ROGERS MD, BECKY J, KANSAS CITY, KS
ROHLMAN MD, VALERIE C, WICHITA, KS
ROMALIS MD, BRIAN E, WICHITA, KS
ROMEISER MD, REX S, SALINA, KS
ROMEREIM MD, MARK E, ANDOVER, KS
ROMONDO MD, STEVEN A, OLATHE, KS
ROONEY D O, MICHAEL N, DODGE CITY, KS
ROPE MD, DOUGLAS M, SHAWNEE MISSION, KS
RORABAUGH MD, DONALD C, ABILENE, KS
ROSALES MD, J EDGAR, SALINA, KS
ROSE MD, DONALD L, BELLA VISTA, AR
ROSE MD, GRAHAM C, MANHATTAN, KS
ROSE MD, SHELBY D, WICHITA, KS
ROSE, THOMAS A, DOUGLASS, KS
ROSEN MD, DAVID, WICHITA, KS
ROSEN MD, DONALD E, TOPEKA, KS
ROSENBERG MD, STANTON L, SHAWNEE MISSION, KS
ROSENBERG MD, THOMAS F, WICHITA, KS
ROSENTHAL MD, HOWARD G, KANSAS CITY, KS
ROSENTHAL MD, RICHARD H, SHAWNEE MISSION, KS
ROSENTHAL MD, STANTON J, KANSAS CITY, KS
ROSIN MD, ROBERT L, SCOTT CITY, KS
ROSS IV MD, ALBERT M, WICHITA, KS
ROSS MD, DAVID K, ARKANSAS CITY, KS
ROSS MD, DENNIS LEE, WICHITA, KS
ROSS MD, JACK L, LAWRENCE, KS
ROTERT MD, LARRY, TOPEKA, KS
ROTH MD, ALAN E, KANSAS CITY, KS
ROTHEMICH MD, STEPHEN F, KANSAS CITY, KS
ROTHSTEIN MD, TERRY B, PARSONS, KS
ROWLAND MD, JOHN C, WICHITA, KS
ROWLETT MD, JACK G, PAOLA, KS
ROY MD, WILLIAM R, TOPEKA, KS
ROYAL MD, LOUIS R, WICHITA, KS
RUBIN MD, HERBERT M, SHAWNEE MISSION, KS
RUBLE JR MD, JAMES L, OVERBROOK, KS
RUBLE MD, REBECCA A, KANSAS CITY, KS
RUCKER MD, MARK R, WICHITA, KS
RUHLEN MD, JAMES L, OLATHE, KS
RUHLEN MD, THOMAS F, OLATHE, KS
RUIZ MD, CARLOS M, GREAT BEND, KS
RUMBAOA, PHILIP L, KANSAS CITY, KS
RUMISEK MD, JOHN D, WICHITA, KS
RUNDOUIST MD, BETH, LAWRENCE, KS
RUNNELS MD, JOHN B, PALO ALTO, CA
RUSSELL MD, PHILIP W, WICHITA, KS
RUSSELL, KIMBERLY A, SHAWNEE MISSION, KS
RUTNGAMLUG MD, LUECHA, HAYS, KS
RUZICKA MD, LAWRENCE J, CONCORDIA, KS
RYAN MD, JOHN M, MARYSVILLE, KS
RYAN MD, LORI K, KANSAS CITY, MO
RYAN MD, MICHAEL E, SHAWNEE MISSION, KS
RYAN MD, SHERRY L, RAYTOWN, MO
RYMER MD, ROBERT A, SHAWNEE MISSION, KS

S

SABA MD, MEKKI M, FORT SCOTT, KS
SABANGAN MD, JOEL S, WICHITA, KS
SABIN JR MD, GEORGE M, WICHITA, KS
SACK MD, JOSEPH M, WICHITA, KS
SADIO MD, SULEMAN, WICHITA, KS
SAJADI MD, SEYED A, KANSAS CITY, KS
SALONE MD, JEANETTE C, WICHITA, KS
SAMUEL MD, CHANDY C, WINFIELD, KS
SANCHEZ MD, JOSE J, WICHITA, KS
SANCHEZ MD, ROGELIO, TOPEKA, KS
SANCHEZ, NOEL C, KANSAS CITY, KS
SANDERS MD, GLORIA D, WICHITA, KS
SANDERS MD, J ALAN, LAWRENCE, KS
SANDNESS MD, KATHLEEN M, PITTSBURG, KS
SANDSTROM, ERIK D, WICHITA, KS
SANTOS MD, JOAQUIN G, WICHITA, KS
SANTOSCOY MD, GILBERT S, WICHITA, KS
SARGENT D O, DAVID W, WICHITA, KS
SARGENT MD, JENNIFER E, WICHITA, KS
SARGENT MD, JOSEPH D, TOPEKA, KS
SATHYANARAYANA MD, SARASWATHI, SHAWNEE MISSION, KS
SATYA-MURTI MD, SATYA, PARSONS, KS
SAVAGE MD, W RICHARD, HUTCHINSON, KS
SAWKAR MD, LAXMIDAS A, SHAWNEE MISSION, KS
SAWYER MD, TIMOTHY T, TOPEKA, KS
SAXER MD, JOHN J, SHAWNEE MISSION, KS
SAYLOR MD, EDWARD H, TOPEKA, KS
SAYLOR MD, MARK, TOPEKA, KS
SAYLOR MD, RANDEL L, HUTCHINSON, KS
SAYLOR MD, STEPHEN, TOPEKA, KS
SCAMMAN MD, W WIKE, TOPEKA, KS
SCANLAN MD, TIMOTHY M, WICHITA, KS
SCANLON JR MD, JAMES H, HADDAM, CT
SCHAETZEL D O, WILLIAM P, TOPEKA, KS
SCHAPER MD, DANIEL C, OLATHE, KS
SCHEEL MD, BRADLEY J, HUTCHINSON, KS
SCHEINBERG MD, KENNETH, WICHITA, KS
SCHEKALL MD, MICHAEL J, HUTCHINSON, KS
SCHELLINGER MD, RICHARD P, EMPORIA, KS
SCHERMOLY MD, MARTIN V, OLATHE, KS
SCHEUFLER, STEVEN R, WICHITA, KS
SCHIMKE MD, R NEIL, KANSAS CITY, KS
SCHLACHTER MD, ERNEST R, WICHITA, KS
SCHLAGECK MD, JOSEPH G, WICHITA, KS
SCHLEMMER MD, ROGER B, PITTSBURG, KS
SCHLICHER MD, JOHN E, WICHITA, KS
SCHLICHTER MD, KIMBERLY A, SHAWNEE MISSION, KS
SCHLOERB MD, PAUL R, KANSAS CITY, KS
SCHLOESSER CLARK MD, ANNE, PRESTON, CT
SCHLOESSER MD, HARVEY L, TOPEKA, KS
SCHLOESSER MD, PATRICIA T, TOPEKA, KS
SCHLOESSER MD, PETER E, TOPEKA, KS
SCHLOSSER, DANIEL B, KANSAS CITY, KS
SCHLOZMAN MD, DANIEL L, KANSAS CITY, MO
SCHLUETER MD, JOHN J, WICHITA, KS
SCHMEIDLER MD, DAVID A, ARKANSAS CITY, KS
SCHMIDT MD, DARYN R, WICHITA, KS
SCHMIDT MD, LADONA, SALINA, KS
SCHMIDT MD, MARTY L, FORT SCOTT, KS
SCHMIDT MD, MICHAEL J, TOPEKA, KS
SCHMIDT MD, RAMON W, SALINA, KS
SCHMITZ, ROBERT J, KANSAS CITY, MO
SCHNEIDER MD, SETH A, WICHITA, KS
SCHNEIDER, DAVID J, KANSAS CITY, KS
SCHNELLE MD, JOACHIM, WICHITA, KS
SCHNIEROW MD, BRADLEY J, ENCINO, CA
SCHNOEBELEN MD, RENE E, KINSLEY, KS
SCHOELING MD, RICK D, ARKANSAS CITY, KS
SCHOPF MD, CLIFTON C, WICHITA, KS
SCHOWENGERDT MD, ANDREW W, MONTEZUMA, KS
SCHRADER, JEAN M, KANSAS CITY, KS
SCHRAM MD, PETER C, TOPEKA, KS
SCHREPFER MD, ROSEMARY, SHAWNEE MISSION, KS
SCHROEDER D O, BRADLEY L, TOPEKA, KS
SCHROEDER MD, JOEL, KANSAS CITY, KS
SCHROEDER MD, SYDNEY O, LAWRENCE, KS
SCHROEDER, JON E, WICHITA, KS
SCHROLL MD, JOHN T, SHAWNEE MISSION, KS
SCHUETZ MD, PERRY N, GREAT BEND, KS
SCHUKAI MD, KATHERINE B, SHAWNEE MISSION, KS
SCHUKMAN MD, JAY S, KANSAS CITY, MO
SCHULTZ MD, CHARLES C, HAYS, KS
SCHULTZ, JEFFREY J, SHAWNEE MISSION, KS
SCHULZ MD, TOM K, GREAT BEND, KS
SCHWARTING MD, J STEVEN, ABILENE, KS
SCHWARTZ MD, ANDREW M, SHAWNEE MISSION, KS
SCHWARTZ MD, EUGENE W, DODGE CITY, KS
SCHWARTZ MD, V DEAN, WICHITA, KS
SCHWEGLER MD, RAYMOND A, LAWRENCE, KS
SCHWEGLER MD, RAYMOND A, KANSAS CITY, KS
SCHWERTFEGER MD, TY L, SHAWNEE MISSION, KS
SCHWORM MD, CURTIS P, KANSAS CITY, KS
SCLAR MD, WILLIAM C, SHAWNEE MISSION, KS
SCOTT MD, ALEX, JUNCTION CITY, KS
SCOTT MD, CHESTER E, SALINA, KS
SCOTT MD, DUANE, BELLEVILLE, KS
SCOTT MD, WILLIAM H, WICHITA, KS
SCROGGIE MD, DANIEL J, NEWTON, KS
SEARIGHT MD, LOWELL R, HIAWATHA, KS
SEARLE MD, ROBERT E, PITTSBURG, KS
SEATON MD, ROBERT D, SALINA, KS
SEBREE MD, STEVEN G, SALINA, KS
SEELEY MD, JAMES C, ST MARYS, KS
SEERY MD, DONALD S, WICHITA, KS
SEGEBRECHT MD, STEPHEN L, LAWRENCE, KS
SEGLIE MD, F RONALD, PITTSBURG, KS
SEHDEV MD, JOAN, TOPEKA, KS
SEHDEV, KIRAN, DALLAS, TX
SEITZ MD, RICHARD F, SHAWNEE MISSION, KS
SELLBERG MD, MARTIN E, WICHITA, KS
SELLERS D O, SCOTT, HUTCHINSON, KS
SELLERS MD, JEFF D, TOPEKA, KS
SEN SARMA MD, PRONAB K, WICHITA, KS
SENNE HUNT MD, DIANE L, WICHITA, KS
SETO MD, TAKESHI, OTTAWA, KS
SEVIER MD, SAMUEL M, MUSKOGEE, OK
SHAAD MD, DOROTHY J, SHAWNEE MISSION, KS
SHAFER MD, JAMES J, SALINA, KS
SHAFER MD, PRESTON J, PAYSON, AZ
SHAFFER MD, CHAD P, ATCHISON, KS
SHAFFER MD, KATHLEEN B, SHAWNEE MISSION, KS
SHAFFER MD, SUZANNE H, ATCHISON, KS
SHAH MD, ASHOK H, INDEPENDENCE, KS
SHAH MD, KENNETH J, WICHITA, KS
SHAH MD, MIAN MUKARRAM, LARNED, KS
SHAH MD, MUKHTAR H, WICHITA, KS
SHAH MD, NASREEN, LARNED, KS
SHAH MD, SUBHASH H, WICHITA, KS
SHAHZADA MD, KAMRAN, ARKANSAS CITY, KS
SHAMPAINE MD, ERIC L, WICHITA, KS
SHAPIRO MD, WILLIAM M, WICHITA, KS
SHARMA MD, ARUN L, PARSONS, KS
SHARP MD, CHAD E, WICHITA, KS
SHAVER MD, TIMOTHY S, WICHITA, KS
SHAW MD, PAMELA K, KANSAS CITY, KS
SHAW MD, RICHARD C, WICHITA, KS
SHEAFOR MD, DOUGLAS, TOPEKA, KS
SHEARS MD, ROBERT N, HUTCHINSON, KS
SHEEHY MD, PATRICK G, TOPEKA, KS
SHEERN MD, MARK DOUGLAS, ABILENE, KS
SHEFFER MD, KEITH D, OLATHE, KS
SHEFFIELD MD, MICHAEL A, MANHATTAN, KS
SHELL MD, JOHN R, BURLINGTON, KS
SHELLITO MD, JOHN G, WICHITA, KS
SHELLITO MD, JOHN L, WICHITA, KS
SHELTON MD, STEPHEN E, TOPEKA, KS
SHEPPARD MD, ROBERT G, SMITH CENTER, KS
SHERARD MD, JOHN L, COTTONWOOD FALLS, KS
SHERARD MD, SARAH L, EMPORIA, KS
SHERBON MD, MARY L, WICHITA, KS
SHERIDAN MD, RANDY M, SHAWNEE MISSION, KS
SHERWOOD JR MD, CLARENCE E, TOPEKA, KS
SHETLAR D O, JOHN M, SALINA, KS

SHEU MD, W ERIC, TOPEKA, KS
SHIAO MD, TSENG-KUO, SHAWNEE MISSION, KS
SHIDELER, BARBARA M, SHAWNEE MISSION, KS
SHIELD MD, CHARLES, WICHITA, KS
SHIELDS JR MD, JAMES M, EL DORADO, KS
SHIELDS MD, NAOMI N, WICHITA, KS
SHIMSHAK MD, KAREN S, SHAWNEE MISSION, KS
SHIREMAN MD, PETER K, MUSKEGON, MI
SHIVEL MD, DAVID G, GREAT BEND, KS
SHIVELY MD, ROBERT M, ELLINWOOD, KS
SHOFFNER MD, RICHARD W, WICHITA, KS
SHORT, WILLIAM L, SHAWNEE MISSION, KS
SHRADER MD, C ERIC, WICHITA, KS
SHRADER MD, DOYLE A, WICHITA, KS
SHRIWISE MD, TOM L, ATCHISON, KS
SHUCK D O, MICHAEL W, WICHITA, KS
SHULL D O, MICHAEL W, GARDEN CITY, KS
SHURTZ MD, GLEN L, WICHITA, KS
SIEGLE MD, LORA A, COUNCIL GROVE, KS
SIEMENS MD, RICHARD A, LYONS, KS
SIFERS MD, TIMOTHY M, SHAWNEE MISSION, KS
SIFFORD MD, R LAWRENCE, WICHITA, KS
SILER MD, EUGENE T, LAWRENCE, KS
SILER MD, JAMES W, WICHITA, KS
SILLS MD, CHARLES T, NEWTON, KS
SILVA MD, CATHERINE, LEAVENWORTH, KS
SILVER MD, BRADD J, SHAWNEE MISSION, KS
SIMMONS MD, MARK S, SHAWNEE MISSION, KS
SIMMONS MD, MICHAEL R, GIRARD, KS
SIMMONS MD, ROBERT E, NEWTON, KS
SIMMONS MD, SHAWN T, WICHITA, KS
SIMMS MD, DAVID A, WICHITA, KS
SIMON MD, STEVEN M, SHAWNEE MISSION, KS
SIMONE MD, JOSEPH N, SHAWNEE MISSION, KS
SIMONY-SCOLOFSKY MD, M ANN, SHAWNEE MISSION, KS
SIMPSON MD, KAREN M, KANSAS CITY, KS
SIMPSON MD, ROBERT L, QUINCY, IL
SIMPSON MD, TOM C, STERLING, KS
SIMPSON MD, WILLIAM S, TOPEKA, KS
SINCLAIR MD, RICHARD H, SHAWNEE MISSION, KS
SINGER MD, GLEN D, IOLA, KS
SINGH MD, GIRVAR, ARKANSAS CITY, KS
SINGH MD, GURINDER, KANSAS CITY, KS
SINGH, RAHUL P, WICHITA, KS
SINNING MD, GARY, HIAWATHA, KS
SISK MD, PHILLIP B, TOPEKA, KS
SIWEK MD, CHRISTOPHER W, EL DORADO, KS
SKAER MD, STANLEY A, EUREKA, KS
SKIBBA MD, RICHARD M, WICHITA, KS
SLAGLE MD, GENELLE J, SHAWNEE MISSION, KS
SLAUGHTER , JERRY, TOPEKA, KS
SLOO MD, MILO G, SALINA, KS
SLUTSKY MD, LAWRENCE J, WICHITA, KS
SMITH D O, JOHN P, WICHITA, KS
SMITH D O, JAMES A M, WICHITA, KS
SMITH JR MD, FLOYD L, COLBY, KS
SMITH MD, ALVIN L, WICHITA, KS
SMITH MD, ANN I, OLATHE, KS
SMITH MD, BOYD E, SALINA, KS
SMITH MD, BRUCE G, ARKANSAS CITY, KS
SMITH MD, DALE C, SHAWNEE MISSION, KS
SMITH MD, DAVID E, SALINA, KS
SMITH MD, DEBRA L, KANSAS CITY, KS
SMITH MD, DONALD J, SHAWNEE MISSION, KS
SMITH MD, JOHN D, SALINA, KS
SMITH MD, JON A, SALINAS, CA
SMITH MD, LINDALL E, WICHITA, KS
SMITH MD, MARGARET H, SHAWNEE MISSION, KS
SMITH MD, MARGARET L, KANSAS CITY, KS
SMITH MD, MARK A, WICHITA, KS
SMITH MD, MICHAEL L, MADISON HEIGHTS, MI
SMITH MD, NEWTON C, ARKANSAS CITY, KS
SMITH MD, PERRY M, GREAT BEND, KS
SMITH MD, RACHEL S, MANHATTAN, KS
SMITH MD, THOMAS W, HUTCHINSON, KS
SMITH MD, WILLIAM E, WICHITA, KS
SMITH MD, WILLIAM P, SHAWNEE MISSION, KS
SMITH-KING MD, MAUREEN M, KANSAS CITY, KS
SMITH, HEATHER E, KANSAS CITY, KS
SMITH, KOLETTE L, KANSAS CITY, KS
SNARR MD, JACK W, TOPEKA, KS
SNIDER MD, BRUCE B, OLATHE, KS
SNODELL MD, FIRMIN E, SHAWNEE MISSION, KS
SNODGRASS MD, TED C, WICHITA, KS
SNOW JR MD, ARTHUR D, SHAWNEE MISSION, KS
SNOWBARGER MD, MARVIN D, EMPORIA, KS
SNYDER MD, GREGG M, WICHITA, KS
SNYDER MD, JULIE, ALBUQUERQUE, NM
SNYDER MD, MARK D, SALINA, KS
SNYDER MD, RICHARD H, OLATHE, KS
SNYDER MD, STEPHANIE F, WICHITA, KS
SNYDER MD, THOMAS E, KANSAS CITY, KS
SNYDER, HEIDI L, KANSAS CITY, KS
SODER MD, ERIC A, WICHITA, KS
SOLLO MD, DAVID G, WICHITA, KS
SOLLO MD, NATALIE R, WICHITA, KS
SOLOMON MD, HERMAN, WICHITA, KS
SOLTZ MD, ROBERT A, WICHITA, KS
SOMERA MD, JOSE D, AUBURNDALE, FL
SOMERS MD, MARVIN M, WICHITA, KS
SONGER MD, HERBERT L, ABILENE, KS
SOUCEK MD, CHARLES D, KANSAS CITY, KS
SOURK MD, ROBERT L, HUTCHINSON, KS
SPANGLER MD, HENRY E, TOPEKA, KS
SPANN MD, RICHARD W, WICHITA, KS
SPARACINO D O, JEFFERY L, SALINA, KS
SPARKS MD, STEPHEN T, WICHITA, KS
SPEARMAN MD, JESSE L, SAN DIEGO, CA
SPEARS MD, CHESTER A, WICHITA, KS
SPEED MD, JAMES K, WICHITA, KS
SPEER MD, LELAND, KANSAS CITY, KS
SPEER MD, LOUIS N, OTTAWA, KS
SPENCER MD, JOHN HAROLD, FORT SCOTT, KS
SPENCER MD, JOHN P, HUTCHINSON, KS
SPENCER MD, MILLARD C, SAVANAH, GA
SPENCER MD, WAYNE E, TOPEKA, KS
SPIEKER MD, JOHN B, KANSAS CITY, KS
SPITTLER MD, LEO J, SHAWNEE MISSION, KS
SPITZER MD, JEROME S, HUTCHINSON, KS
SPRADLIN MD, MICHAEL L, SHAWNEE MISSION, KS
SPRATT MD, DENNIS P, OTTAWA, KS
SPRINGER MD, MARK J, WICHITA, KS
SRIKUREJA DO, SURIN, COFFEYVILLE, KS
ST CLAIR D O, DONNA M, DERBY, KS
ST CLAIR D O, DWIGHT, WICHITA, KS
STAATS MD, RODNEY M, WICHITA, KS
STACEY MD, KIMBALL, LAWRENCE, KS
STADALMAN MD, ROSS E, HAYS, KS
STAFFORD MD, ROBERT W, HUTCHINSON, KS
STAMPS MD, PHIL, WICHITA, KS
STANDLEE MD, TIM E, OLATHE, KS
STANG MD, PATRICK W, GREAT BEND, KS
STANGA MD, JAMES A, WICHITA, KS
STANLEY MD, KENNETH E, BIG SPRING, TX
STANLEY MD, REX C, PAOLA, KS
STARK MD, JAMES R, WICHITA, KS
STARKEY MD, JERALD L, RUSSELL, KS
STASS-ISERN MD, MERRILL, SHAWNEE MISSION, KS
STECH MD, JOSEPH M, ANDALE, KS
STECHSCHULTE MD, DANIEL J, KANSAS CITY, KS
STECKLEY MD, RICHARD A, WICHITA, KS
STEELBERG MD, ELSIE, WICHITA, KS
STEELE MD, CLARENCE H, KANSAS CITY, KS
STEER MD, PHYLLIS L, KANSAS CITY, KS
STEERE MD, DIANE M, WICHITA, KS
STEEVES MD, JOHN H, EMPORIA, KS
STEHR MD, CHRISTIAN H, KANSAS CITY, KS
STEICHEN MD, EDWARD F, KEARNEY, NE
STEIN MD, JOSEPH M, TOPEKA, KS
STEIN MD, MATTHEW, LAWRENCE, KS
STEIN MD, PAUL S, WICHITA, KS
STEINBERGER MD, RICHARD E, WICHITA, KS
STEINES MD, MICHAEL W, KANSAS CITY, KS
STEINSHOUER, HEIDI E, KANSAS CITY, KS
STEINZEIG MD, SHERMAN M, SHAWNEE MISSION, KS
STEMBRIDGE MD, TRAVIS W, WICHITA, KS
STEPHANZ JR MD, GERALD B, WICHITA, KS
STEPHENS D O, G MARCUS, MINNEOLA, KS
STEPHENS MD, CHARLES, MINNEOLA, KS
STEPHENSON MD, LUCILLE C, ST FRANCIS, KS
STEVENS MD, WM. MICHAEL, WICHITA, KS
STEVENS MD, LEAH J, LEAVENWORTH, KS
STEVENS MD, MILDRED J, GARNETT, KS
STEVENS MD, PHILIP L, TONGANOXIE, KS
STEVENS MD, RONALD, NEWTON, KS
STEVENS, AMY K, KANSAS CITY, KS
STEWARD MD, BRENT E, SHAWNEE MISSION, KS
STEWART MD, DANIEL L, KANSAS CITY, KS
STEWART, ROBERT H, WICHITA, KS
STILLIONS MD, DUANE M, KANSAS CITY, MO
STINGO, ANDREW J, NORTH KANSAS CITY, MO
STIRLING, CORY J, SHAWNEE MISSION, KS
STITES MD, SANDRA R, SHAWNEE MISSION, KS
STOCK MD, KARL W, TOPEKA, KS
STOFER MD, BERT E, PEORIA, AZ
STOFFER MD, ROBERT P, WICHITA, KS
STONE MD, CHESTER W, EMPORIA, KS
STONE MD, G REX, MANHATTAN, KS
STONE MD, GRANT C, ATTICA, KS
STOPP D O, HAROLD R, WICHITA, KS
STOSKOPF MD, LAWRENCE E, SALINA, KS
STOUT MD, JAMES M, HUTCHINSON, KS
STOUT MD, NILES M, LYNDON, KS
STPETER, DAVID A, KANSAS CITY, KS
STRANATHAN D O, SIDNEY W, KIOWA, KS
STRANGE MD, BRIAN H, HUTCHINSON, KS
STREET MD, DAVID E, WICHITA, KS
STREIT MD, JEROME G, WICHITA, KS
STRICKLAND MD, JOHN T, SHAWNEE MISSION, KS
STRICKLAND MD, M H VAN, WICHITA, KS
STRIEBINGER MD, CHARLES M, SHAWNEE MISSION, KS
STRINGFIELD MD, SCOTT L, LYONS, KS
STRUTZ MD, WILLIAM C, LEAVENWORTH, KS
STRYKER JR MD, HENRY B, CONCORDIA, KS
STUART MD, REGINA K, TOPEKA, KS
STUBBLEFIELD MD, CHARLES T, KANSAS CITY, KS
STUBLER MD, DANIEL K, AUBURN, AL
STUCKEY MD, CHARLES E, SHAWNEE MISSION, KS
STUCKY MD, DEAN E, MEDICINE LODGE, KS
STUEVE, WILLIAM G, KANSAS CITY, KS
STUEWE MD, BRAD R, SALINA, KS
STUMP MD, HARL G, HAYS, KS
STURGEON MD, JOHN B, SHAWNEE MISSION, KS
STURICH MD, JORGE M, WINFIELD, KS
SUERO MD, JESUS T, WICHITA, KS
SUFI MD, M ASHRAF, TOPEKA, KS
SUFI MD, OAISER A, TOPEKA, KS
SUGAR MD, ROBERT L, SHAWNEE MISSION, KS
SUITER MD, DANIEL JAY, PRATT, KS
SULLIVAN JR MD, HENRY B, SHAWNEE MISSION, KS
SULLIVAN MD, CORNELIUS J P, FISHKILL, NY
SULLIVAN MD, LEONARD L, WICHITA, KS
SULLIVAN MD, TOM G, SHAWNEE MISSION, KS
SUMFEST MD, JILL M, WICHITA, KS
SUMMERHILL, WENDY L, KANSAS CITY, KS
SUMNER MD, JOYCE R, HUTCHINSON, KS
SUMNER MD, MARION M, HUTCHINSON, KS
SUMNER MD, RALPH N, FREDONIA, KS
SUMPTER MD, MATTHEW T, SHAWNEE MISSION, KS
SUNDBYE MD, KEVIN R, TOPEKA, KS
SUPPES MD, KIMBERLY C, LAWRENCE, KS
SUWANABHAND MD, CHALAW, LEOTI, KS
SVOBODA MD, LOIS V, WICHITA, KS
SVOBODA MD, WILLIAM B, WICHITA, KS
SWAIN, JAMES M, KANSAS CITY, KS
SWAN MD, MAJOR MARTIN, AUBURN, CA
SWARTZ MD, MARSHA A, WICHITA, KS
SWEAT MD, GREGORY T, ROCHESTER, MN
SWEET MD, DONNA E, WICHITA, KS
SWEET MD, ROBERT A, WICHITA, KS
SWIFT MD, TIMOTHY J, SALT LAKE CITY, UT
SYNOVEC MD, MARK S, TOPEKA, KS
SZYMKE MD, THOMAS E, WICHITA, KS

T

TACKETT MD, ROBERT J, WAMEGO, KS
TADEO MD, RIA E, KANSAS CITY, MO
TADURAN MD, VIRGILIO, SATANTA, KS
TAGGE MD, BRUCE W, FORT SCOTT, KS
TAGUE MD, RICK R, TOPEKA, KS
TAHERNIA MD, CYRUS, TOPEKA, KS
TAKAHASHI MD, TETSURO, TOPEKA, KS
TALBERT MD, TIMOTHY C, LYONS, KS
TAN MD, DONALD C-S, WICHITA, KS
TAN MD, LOURDES R, HAYS, KS
TANA HOMPLEUM MD, URAIWAN, PARSONS, KS
TANDOC JR MD, VALENTIN T, NEWTON, KS
TANG MD, CHANTRA, PARSONS, KS
TANG MD, SAROHD, PARSONS, KS
TANKSLEY MD, JOHN A, HUTCHINSON, KS
TARGOWNIK MD, KARL K, TOPEKA, KS
TARNOWER MD, WILLIAM, TOPEKA, KS
TARVER MD, STEPHEN D, WICHITA, KS
TARVIN MD, RANDY J, ONAGA, KS
TATPATI MD, DANIEL A, WICHITA, KS
TATPATI MD, OLGA A, WICHITA, KS
TAWADROS MD, HANAN K, WICHITA, KS
TAWIL MD, ELIAS A, PITTSBURG, KS
TAYIEM MD, A K, ATCHISON, KS
TAYLOR MD, BARBARA D, MANHATTAN, KS
TAYLOR MD, BRENDA K, WICHITA, KS
TAYLOR MD, CATHY M, CHANUTE, KS
TAYLOR MD, ELMER W, SEDAN, KS
TAYLOR MD, ELWYN J, HUTCHINSON, KS
TAYLOR MD, RICHARD J, WICHITA, KS
TAYLOR MD, STEVEN L, WICHITA, KS
TAYLOR MD, THOMAS F, SHAWNEE MISSION, KS
TAYLOR MD, THOMAS L, SHAWNEE MISSION, KS
TEARE MD, MAX E, GARDEN CITY, KS

TEETER MD, SCOTT M, TOPEKA, KS
TEJANO MD, NEONILO A, HALSTEAD, KS
TEMPERO MD, STEPHEN J, TOPEKA, KS
TENBY MD, MICHAEL C, SHAWNEE MISSION, KS
TENNY MD, ROBERT T, SHAWNEE MISSION, KS
TERREBONNE MD, MAE E, WICHITA, KS
TETZLAFF MD, ARCH O A, WEATHERBY LAKE, MO
THAKOR MD, DENNIS S, WICHITA, KS
THALBLUM MD, HARVEY, KANSAS CITY, MO
THEROU MD, LEONA F, KANSAS CITY, KS
THOLE, ROBERT T, KANSAS CITY, KS
THOMAS MD, DARYL L, WICHITA, KS
THOMAS MD, ELIZABETH H, KANSAS CITY, KS
THOMAS MD, GEORGE E, TOPEKA, KS
THOMAS MD, GREGORY M, MC PHERSON, KS
THOMAS MD, JAMES H, KANSAS CITY, KS
THOMAS MD, MARTY H, SHAWNEE MISSION, KS
THOMAS MD, RYAN M, WICHITA, KS
THOMAS MD, STANLEY M, SHAWNEE MISSION, KS
THOMAS MD, THOMAS V, KANSAS CITY, KS
THOMAS, CHRISTOPHER O, KANSAS CITY, KS
THOMEN II MD, ROBERT K, CHANUTE, KS
THOMPSON MD, DANIEL M, WICHITA, KS
THOMPSON MD, DANNIE M, KANSAS CITY, KS
THOMPSON MD, MICHAEL F, SHAWNEE MISSION, KS
THOMPSON MD, ROBERT F, SHAWNEE MISSION, KS
THOMPSON MD, SUSAN D, CLAY CENTER, KS
THOMS MD, NORMAN W, TOPEKA, KS
THOMSEN MD, GARY, SHAWNEE MISSION, KS
THORNTON JR MD, FOXHALL P, CONCORDIA, KS
THORPE, GARY W, SHAWNEE MISSION, KS
THURSTON MD, DAVID E, TOPEKA, KS
TICKLES MD, DEBRA F, KANSAS CITY, KS
TIEMANN MD, WILLIAM H, MANHATTAN, KS
TIETZE MD, DENNIS D, TOPEKA, KS
TILLER MD, GEORGE R, WICHITA, KS
TILLMAN JR D O, DONALD K, HAYS, KS
TILLOTSON MD, DON R, ULYSSES, KS
TILTON MD, FRANK M, GREENVILLE, MS
TIMMONS MD, BRET A, HAYS, KS
TIOJANCO MD, REYNALDO R, KANSAS CITY, KS
TIOJANCO, JOSEPH K, KANSAS CITY, KS
TIPPIN JR MD, ERNEST E, ESTES PARK, CO
TIPTON MD, KYLE M, EL DORADO, KS
TISDALE MD, TERRANCE C, HUTCHINSON, KS
TJADEN D O, BRUCE L, WICHITA, KS
TOALSON MD, WILLIAM B, SHAWNEE MISSION, KS
TOBIAS MD, ROGER R, LYONS, KS
TOBY MD, EDWARD B, KANSAS CITY, KS
TOCKER MD, ALFRED M, WICHITA, KS
TOLLER MD, KEVIN K, TUCSON, AZ
TONN MD, GERHART R, WICHITA, KS
TOOHEY MD, JOHN S, WICHITA, KS
TOPLIFF MD, CONNIE L, LAWRENCE, KS
TORLINE MD, RONALD L, KANSAS CITY, KS
TOSH MD, FRED E, WICHITA, KS
TOWLE MD, DANA R, SHAWNEE MISSION, KS
TOZER MD, RICHARD C, TOPEKA, KS
TRAN MD, THOMAS (TUONG) M, WICHITA, KS
TRAN, STEVE M, KANSAS CITY, KS
TRAVIS MD, JOHN W, TOPEKA, KS
TREGER MD, NEWMAN V, TOPEKA, KS
TREGO MD, A JASON, WICHITA, KS
TREMPY MD, GREGORY A, SHAWNEE MISSION, KS
TRETBAR MD, HARVEY A, WICHITA, KS
TRETBAR MD, LAWRENCE L, SHAWNEE MISSION, KS
TREWEEKE MD, MICHAEL W, WICHITA, KS
TRIOLO MD, PETER A, GARDEN CITY, KS
TROBOUGH MD, TODD D, TOPEKA, KS
TROMBOLD MD, JANNA S, SHAWNEE MISSION, KS
TROTTER MD, ROGER COURTNEY, DODGE CITY, KS
TROUTMAN D O, BETTY, WICHITA, KS
TROY, TERESA J, KANSAS CITY, KS
TRUE MD, JOHN H, JUNCTION CITY, KS
TRUEWORTHY MD, ROBERT C, KANSAS CITY, KS
TRUJILLO MD, ANTERO A, WICHITA, KS
TRUONG D O, HAI K, WICHITA, KS
TRUONG D O, THANH N, WICHITA, KS
TRYGG MD, KELLY A, WICHITA, KS
TSAI MD, CHIA-HSUN, TOPEKA, KS
TSCHOPP MD, CHARLES F, ANCHORAGE, AK
TTOFI MD, CHRISTOPHER S, NEWINGTON, CT
TUCKER D O, DAVID A, WICHITA, KS
TUCKER MD, SHERIDAN G, SHAWNEE MISSION, KS
TUCKER MD, VIRGINIA L, KANSAS CITY, KS
TUNG MD, ROBERT, WICHITA, KS
TURNER MD, JOHN W, GARDEN CITY, KS
TURNER MD, LANE E, SHAWNEE MISSION, KS
TURNER MD, WADE A, WINFIELD, KS
TURNER, SHELLEY A, KANSAS CITY, KS
TUTUSKA MD, PETER J, TOPEKA, KS
TWEET MD, FREDRICK A, PITTSBURG, KS
TWEITO MD, DAVID H, HUTCHINSON, KS
TYSON MD, MARY M, SHAWNEE MISSION, KS

U

UBELAKER MD, ERNEST J, SOUTH HAVEN, KS
UGARTE MD, FERNANDO, MARYSVILLE, KS
UHLIG MD, PAUL N, WICHITA, KS
UHR MD, NATHANIEL, TOPEKA, KS
UMLAUF D O, EDWARD S, INDEPENDENCE, KS
UNDERWOOD MD, CHARLES C, EMPORIA, KS
UNDERWOOD MD, JOHN (JOHNSON IV), SPRINGFIELD, IL
UNRUH MD, GREGORY K, KANSAS CITY, KS
UTLEY MD, JAMES HARMON, KANSAS CITY, MO
UY MD, WILSON O, COFFEYVILLE, KS

V

VACHAL MD, EVA, GARDEN CITY, KS
VAIL MD, BELINDA A, KANSAS CITY, KS
VAL-MEJIAS MD, JESUS E, WICHITA, KS
VALK MD, WILLIAM L, SHAWNEE MISSION, KS
VAN GEEM MD, THOMAS A, WICHITA, KS
VAN HOUDEN MD, CHARLES E, CHANUTE, KS
VAN SICKLE MD, GREGGORY J, TOPEKA, KS
VANDEGARDE MD, LARRY D, TOPEKA, KS
VANDEGARDE, TRENT L, KANSAS CITY, KS
VANNAMAN MD, DONALD D, SHAWNEE MISSION, KS
VANVELDHUIZEN MD, PETER J, SHAWNEE MISSION, KS
VARENHORST MD, MICHAEL P, WICHITA, KS
VARNEY MD, DAWN M, HUTCHINSON, KS
VATS MD, TRIBHAWAN S, KANSAS CITY, KS
VAUGHAN MD, D ANN, WICHITA, KS
VAUGHN, DEANNA L, TOWANDA, KS
VEAL MD, KATHRYN, SHAWNEE MISSION, KS
VEENIS MD, BLAKE C, WICHITA, KS
VELAKATURI MD, VINOD N, SHAWNEE MISSION, KS
VENUTI MD, SUSAN E, KANSAS CITY, KS
VERMA MD, ASHA, PARSONS, KS
VERNON MD, MARY C, LAWRENCE, KS
VIERRA MD, ANTHONY R, WICHITA, KS
VIERTHALER MD, CARL A, DODGE CITY, KS
VIERTHALER MD, LYLE D, WICHITA, KS
VIERTHALER MD, STEPHEN L, LAWRENCE, KS
VIGIL MD, KIRK S, WICHITA, KS
VILLANUEVA MD, RAYMUNDO, DODGE CITY, KS
VILLARANTE MD, FE T, HAYS, KS
VIN ZANT MD, LARRY E, WICHITA, KS
VINE MD, DONALD L, WICHITA, KS
VINZANT MD, MARK N, DERBY, KS
VINZANT MD, WHITNEY L, WICHITA, KS
VODONICK MD, DAVID S, SHAWNEE MISSION, KS
VOGEL MD, STANLEY J, TOPEKA, KS
VOGT MD, VERNON W, NEWTON, KS
VOLKMANN II MD, HARLEY W, MANHATTAN, KS
VOORHEES MD, CARROLL D, LEAVENWORTH, KS
VORAN MD, DAVID A, KANSAS CITY, KS
VORHEES MD, VICTOR J, YATES CENTER, KS
VOSSLER MD, CHARLES H, COLUMBUS, GA
VOTAPKA MD, WILLIAM L, STOCKTON, KS
VOTH MD, ERIC A, TOPEKA, KS
VOTH MD, HAROLD M, TOPEKA, KS
VU, ANN L, SHAWNEE MISSION, KS
VU, TRIEN B, GALVESTON, TX

W

WADE MD, EDWARD J, WICHITA, KS
WADE MD, THEODORE E, MONTE MORELOS, MX
WADUD MD, ABDUL, WICHITA, KS
WAGENBLAST MD, HOWARD R, SALINA, KS
WAGNER, JENNIFER K, KANSAS CITY, KS
WAHBEH MD, ANTHONY D, KANSAS CITY, KS
WAKEFIELD MD, KENNETH M, WICHITA, KS
WALD MD, JEFFREY A, SHAWNEE MISSION, KS
WALDORF JR MD, MELVIN H, MESA, AZ
WALDROP D O, RICHARD J, RILEY, KS
WALIA MD, JAG S, TOPEKA, KS
WALKER D O, MARSHALL D, WICHITA, KS
WALKER MD, ANDY E, BELLEVILLE, KS
WALKER MD, JACK D, SHAWNEE MISSION, KS
WALKER MD, NELLIE G, LEE'S SUMMIT, MO
WALKER MD, WILLIAM H, ESKRIDGE, KS
WALKER MD, WILLIAM K, SEDAN, KS
WALL MD, KEVIN K, MANHATTAN, KS
WALL MD, TERRY J, TOPEKA, KS
WALLACE JR MD, WAYNE O, ATCHISON, KS
WALLACE MD, BRETT E, TOPEKA, KS
WALLACE MD, LEO F, TOPEKA, KS
WALLING MD, ADRIAN E, WICHITA, KS
WALLING MD, ANNE D, WICHITA, KS
WALLS MD, WILLIAM J, TOPEKA, KS
WALSH D O, LESLIE L, WICHITA, KS
WALSH MD, THOMAS E, ONAGA, KS
WALTERS MD, BYRON W, SUN CITY, AZ
WALTON MD, TERRI D, WICHITA, KS
WALTON, PATRICIA L, GODDARD, KS
WALZ MD, ROYCE C, TOPEKA, KS
WAMSLEY MD, CRAIG A, LAKIN, KS
WANG MD, SIDNEY W, SHAWNEE MISSION, KS
WANGER MD, MICHAEL P, SAN DIEGO, CA
WANLESS MD, KIRK M, TOPEKA, KS
WARD MD, CYNTHIA L, DERBY, KS
WARD MD, HOWARD N, TOPEKA, KS
WARD MD, LARRY G, WICHITA, KS
WARE MD, LUCILE M, TOPEKA, KS
WARNER MD, RICHARD B, OLATHE, KS
WARREN JR MD, JOHN W, WICHITA, KS
WARREN MD, LINDA D, HANOVER, KS
WARREN MD, LLOYD P, WICHITA, KS
WARREN MD, ROGER D, HANOVER, KS
WARREN MD, RONDA L, KANSAS CITY, KS
WARREN MD, WIRT A, WICHITA, KS
WARRICK MD, DAVID A, TOPEKA, KS
WASHINGTON, CHARMETRA R, NORTH CHICAGO, IL
WASINGER, LORI D, KANSAS CITY, KS
WASWICK MD, WILLIAM A, WICHITA, KS
WATERS MD, CLARENCE N, SALINA, KS
WATKINS MD, STEVEN C, TOPEKA, KS
WATSON MD, RICHARD L, MC PHERSON, KS
WATTS MD, HARRY E, HAYS, KS
WAUGH MD, CHARLES W, TOPEKA, KS
WAXMAN MD, DAVID, SHAWNEE MISSION, KS
WAXMAN MD, STEVE W, KANSAS CITY, KS
WEATHERSTONE MD, KATHLEEN B, KANSAS CITY, KS
WEAVER MD, JACK D, WICHITA, KS
WEAVER MD, WALTER D, TOPEKA, KS
WEAVER, JOHN J, KANSAS CITY, KS
WEBB MD, DAVID E, WICHITA, KS
WEBB MD, JAMES R, SHAWNEE MISSION, KS
WEBBER, ELLEN S, KANSAS CITY, KS
WEBER II MD, RALPH H, TOPEKA, KS
WEBER JR MD, HUGO P, WICHITA, KS
WEBER MD, DARRELL J, TOPEKA, KS
WEBER MD, ROBERT W, SALINA, KS
WEBER MD, RUTH M, YATES CENTER, KS
WEBER MD, WALLACE N, HAYS, KS
WEBSTER MD, BOBBY W, GRAND RAPIDS, MI
WEDDLE MD, DOUGLAS P, FORT SCOTT, KS
WEDEL MD, ALAN K, SALINA, KS
WEDEL MD, KENNETH D, MINNEAPOLIS, KS
WEDEL MD, KERMIT G, MINNEAPOLIS, KS
WEED MD, JOHN C, KANSAS CITY, KS
WEEKS MD, STACY S, TOPEKA, KS
WEI MD, MICHAEL H C, LIBERAL, KS
WEIGAND MD, JOEL T, WELLINGTON, KS
WEIGEL MD, JOHN W, KANSAS CITY, KS
WEILERT MD, STEVEN V, FORT SCOTT, KS
WEINER MD, GARY B, ST PAUL, MN
WEIPPERT MD, EDWARD J, WICHITA, KS
WELCH MD, JAMES R, PARSONS, KS
WELCH MD, LAUREN A, GARDEN CITY, KS
WELCH MD, LAUREN K, WICHITA, KS
WELCH MD, MAURA S, GARDEN CITY, KS
WELCH MD, WADE B, TOPEKA, KS
WELL MD, MICHAEL A, LAWRENCE, KS
WELLEMEYER MD, MARK L, WICHITA, KS
WELLS MD, BRUCE W, WINFIELD, KS
WELSH MD, NANCY J, TOPEKA, KS
WELTMER MD, ROGER P, BELOIT, KS
WELTON MD, THOMAS C, TOPEKA, KS
WENCEL MD, MARK L, WICHITA, KS
WENDT MD, RICHARD G, LAWRENCE, KS
WENGER MD, GREGG D, SABETHA, KS
WENINGER MD, JOHN H, WICHITA, KS
WERNER MD, JAMES P, TOPEKA, KS
WERNER MD, WILLARD F, ATWOOD, KS
WERTH MD, DARRELL D, HAYS, KS
WERTZBERGER MD, JOHN, LAWRENCE, KS
WESBROOK MD, C WILSON, WICHITA, KS
WESCOE MD, W CLARKE, SPICER, MN

WESLEY MD, MICHAEL R, HUTCHINSON, KS
WEST MD, WILLIAM T, WICHITA, KS
WETZEL MD, JAMES L, OLATHE, KS
WETZEL MD, LOUIS H, KANSAS CITY, KS
WETZEL MD, MARK, MANHATTAN, KS
WEYRENS MD, FRANCIS J, TOPEKA, KS
WHEELER MD, DWIGHT E, NEWTON, KS
WHEELER MD, NICKY RAY, WICHITA, KS
WHEELER MD, PINCKNEY R, WICHITA, KS
WHIPPLE MD, JOHN R, TOPEKA, KS
WHITAKER MD, JAMES A, WICHITA, KS
WHITAKER MD, MARK A, SHAWNEE MISSION, KS
WHITE D O, JOHN P, PITTSBURG, KS
WHITE II MD, BENJAMIN E, EL DORADO, KS
WHITE MD, CHARLES L, QUINCY, WA
WHITE MD, CHARLES M, WICHITA, KS
WHITE MD, DONALD C, COFFEYVILLE, KS
WHITE MD, FAGAN N, RUSSELL, KS
WHITE MD, NELSON P H, BURLINGTON, KS
WHITE MD, R BURNLEY, WINFIELD, KS
WHITEHEAD MD, RICHARD E, SHAWNEE MISSION, KS
WHITELY, RANDOLPH N, WICHITA, KS
WHITESIDE MD, WILLIAM H, WICHITA, KS
WHITFIELD MD, STEVEN S, SHAWNEE MISSION, KS
WHITLEY MD, DOUGLAS M, SHAWNEE MISSION, KS
WIEGHARD MD, C MICHAEL, SHAWNEE MISSION, KS
WIENS MD, J WENDELL, NEWTON, KS
WIENS MD, LYNN A, GREAT BEND, KS
WIENS MD, TIMOTHY B, NEWTON, KS
WIGGINTON D O, GERALD D, SHAWNEE MISSION, KS
WIGGLESWORTH MD, ANNE, MANHATTAN, KS
WILCOX JR MD, HOWARD L, HAYS, KS
WILDER MD, LOWELL W, WICHITA, KS
WILDER, THOMAS W, KANSAS CITY, KS
WILDS MD, CHARLES E, BELLA VISTA, AR
WILEY MD, CLARENCE L, WICHITA, KS
WILEY MD, JOHN H, SHAWNEE MISSION, KS
WILEY MD, THOMAS M, TOPEKA, KS
WILKINSON MD, LARRY K, WICHITA, KS
WILKINSON MD, STEVEN B, KANSAS CITY, KS
WILLIAMS MD, CARL M, TOPEKA, KS
WILLIAMS MD, CHARLES L, WICHITA, KS
WILLIAMS MD, EVAN R, GILBERT, AZ
WILLIAMS MD, HOMER J, LAGUNA NIGUEL, CA
WILLIAMS MD, JANSSEN J, WICHITA, KS
WILLIAMS MD, MICHAEL K, NEWTON, KS
WILLIAMS MD, THOMAS A, SHAWNEE MISSION, KS
WILLIAMSON JR, MD, MARK B, KANSAS CITY, KS
WILLIAMSON, TIMOTHY L, KANSAS CITY, KS
WILSON MD, DANIEL R, TOPEKA, KS
WILSON MD, DAVID B, KANSAS CITY, KS
WILSON MD, JAMES W, COFFEYVILLE, KS
WILSON MD, MICHAEL A, WICHITA, KS
WILSON MD, ROBERT B, SHAWNEE MISSION, KS
WILSON MD, ROBERT L, WICHITA, KS
WILSON MD, SLOAN J, SHAWNEE MISSION, KS
WIMER, DOUG W, KANSAS CITY, KS
WIN MD, AYE M, DODGE CITY, KS
WINBLAD MD, J KENT, WINFIELD, KS
WINBLAD MD, JOHN M, WINFIELD, KS
WINCHESTER MD, PAUL D, SHAWNEE MISSION, KS
WINDHOLZ MD, ARTHUR F, WICHITA, KS
WINKLER, LISA A, KANSAS CITY, KS
WINN MD, TERRIA L, WICHITA, KS
WINSLOW, CHRISTOPHER L, KANSAS CITY, KS
WISDOM MD, JAY K, WICHITA, KS
WISE MD, JOSEPH E, KANSAS CITY, KS
WISNER JR MD, HARRY J, WICHITA, KS
WITTMANN MD, ALBERT F, WICHITA, KS
WOHLER MD, JOHN P, SHAWNEE MISSION, KS
WOIWOOD MD, MARK D, WICHITA, KS
WOLF MD, KARL T, KANSAS CITY, KS
WOLF MD, PATRICK G, WICHITA, KS
WOLFE MD, ANNE-MARIEKE, WICHITA, KS
WOLFE MD, BRIAN D, IOLA, KS
WOLFE MD, FREDERICK, WICHITA, KS
WOLFF MD, FREDERICK P, KANSAS CITY, MO
WOLKOFF MD, A STARK, SHAWNEE MISSION, KS
WOOD JR MD, ROBERT A, SHAWNEE MISSION, KS
WOOD MD, EDWARD R, TOPEKA, KS
WOOD MD, FRED M, SHAWNEE MISSION, KS
WOOD MD, GARY B, WICHITA, KS
WOOD MD, ROBERT D, WICHITA, KS
WOODALL MD, DENNIS C, SALINA, KS
WOODHOUSE MD, CHARLES L, WICHITA, KS
WOODRING MD, CATHY S, WICHITA, KS
WOODS MD, DENNIS D, HUTCHINSON, KS
WOODS MD, GREGORY A, HAYS, KS
WOODS MD, MICHAEL S, WICHITA, KS
WOODS MD, S DWIGHT, OLATHE, KS
WOOLLEY MD, DOUGLAS C, WICHITA, KS
WORTMAN MD, JACK A, HUTCHINSON, KS
WOSICK MD, WILLIAM F, INDEPENDENCE, KS
WRAY JR MD, REGINALD P, WICHITA, KS
WRAY MD, ALEXANDER J, WICHITA, KS
WRIGHT MD, GEORGE W, TOPEKA, KS
WRIGHT MD, KEITH A, MANHATTAN, KS
WRIGHT MD, KENDALL M, EMPORIA, KS
WRIGHT MD, MICHAEL J, HAYS, KS
WRIGHT MD, STANLEY E, WICHITA, KS
WU MD,JIN-TZE, WICHITA, KS
WURSTER MD, G. RICHARD, SHAWNEE MISSION, KS
WYATT-HARRIS MD, PATRICIA G, WICHITA, KS
WYNNE MD, ALAN G, TOPEKA, KS

Y

YAGHMOUR MD, TALAAT E, PITTSBURG, KS
YANG MD, ALEXANDER Q, OKLAHOMA CITY, OK
YEH MD, ROBERT M, TOPEKA, KS
YEOMANS MD, RONALD N, SHAWNEE MISSION, KS
YOACHIM MD, ROBERT W, ARKANSAS CITY, KS
YODER MD, EMERSON D, DENTON, KS
YODER MD, VERNON E, HESSTON, KS
YOHE MD, RUTH M, SHAWNEE MISSION, KS
YOON MD, CHANG S, WICHITA, KS
YORKE JR MD, CRAIG H, TOPEKA, KS
YOST JR MD, JOHN G, KANSAS CITY, MO
YOUNG MD, CHARLES H, ATCHISON, KS
YOUNG MD, DOUGLAS L, WICHITA, KS
YOUNG MD, EDMOND M, OLATHE, KS
YOUNG MD, JOHN W, SHAWNEE MISSION, KS
YOUNG MD, ROBERT C, WICHITA, KS
YOUNG MD, THEODORE E, TOPEKA, KS
YOUNG, D ALLEN, KANSAS CITY, KS
YOUNGBERG MD, DEAN I, WICHITA, KS
YOUNGLOVE MD, HAL, SHAWNEE MISSION, KS
YOUNGMAN DO, DARRELL J, WICHITA, KS
YOXALL MD, KELLY E, KANSAS CITY, MO
YULICH MD, JOHN O, SABETHA, KS
YUT JR MD, JOSEPH P, SHAWNEE MISSION, KS

Z

ZACHARIAS MD, DAVID L, TOPEKA, KS
ZAINALI MD, ASSADOLLAH, LIBERAL, KS
ZAKHARIA MD, GEORGE F, WICHITA, KS
ZAMIEROWSKI MD, DAVID S, SHAWNEE MISSION, KS
ZARNOW MD, HILARY, WICHITA, KS
ZARR MD, JAMES S, KANSAS CITY, MO
ZATZKIN MD, JAY B, WICHITA, KS
ZAUCHE MD, JAMES T, GARDEN CITY, KS
ZAYLOR D O, CHARLES L, NEWTON, KS
ZEILER MD, STEVEN B, OLATHE, KS
ZELLER MD, MYRON J, GARDEN CITY, KS
ZEPICK MD, LYLE F, WICHITA, KS
ZERBE MD, KATHRYN, TOPEKA, KS
ZIDEK MD, NANCY J, WICHITA, KS
ZIELKE MD, STEVEN L, WICHITA, KS
ZIMMERMAN MD, BRUCE E, OLATHE, KS
ZIMMERMAN MD, KENNETH D, WICHITA, KS
ZINN MD, THOMAS W, KANSAS CITY, KS
ZONGKER MD, PHILIP E, WICHITA, KS
ZUJKO MD, RICHARD D, SALINA, KS
ZWIACHER MD, KAYE F, WICHITA, KS

Physician Distribution by Cities

EXPLANATION OF CODES USED IN THIS SECTION

Line 1: Doe, John R., (Name) 1234 Oak St., (Street Address) 67052 (Zip Code)

Line 2: (654-2222) (Telephone Number) 123456789 (I.D. Number)

Line 3: 33 (Year of Birth) M (Sex) 1902 (Medical School) 58 (Year of Licensure) FP (Specialty)

Telephone area code follows city name.

ABILENE — 913
(Dickinson County Medical Society)

BERKLEY MD, DON H, 1111 N BRADY, 67410-1804
263-4131 1902610061
35 M 1902 62 FP

BIGGS MD, J DENNIS, 1405 N CEDAR, 67410-1546
263-7190 1902740097
48 M 1902 74 FP

CHAFFEE MD, DEAN C, RR 1, 67410-9801
0 1902440298
11 M 1902 44 OO

COLEMAN MD, GARY, 1405 N CEDAR, 67410-1546
263-7190 1902720223
46 M 1902 73 FP

MOHLER MD, JACK M, 420 NE 10TH, 67410-2136
263-1419 1902610592
32 M 1902 62 PM

NARCISO MD, VICENTE D, 515 NE 10TH ST, 67410-2153
263-2253 74810680052
45 M 74810 76 GS

RORABAUGH MD, DONALD C, 1111 BRADY, 67410-1804
263-4131 1902580782
33 M 1902 59 FP

SCHWARTING MD, J STEVEN, 1405 N CEDAR, 67410-1546
263-7190 3401720307
46 M 3401 73 FP

SHEERN MD, MARK DOUGLAS, 1111 N BRADY, 67410-1804
263-4131 1902761221
51 M 1902 77 FP

SONGER MD, HERBERT L, 1007 SPRUCEWAY, 67410-2033
0 1902380546
12 M 1902 38 OO

ALTAMONT — 316
(Labette County Medical Society)

JACKSON MD, VICTOR L, BOX 467, 67330-0467
0 2105500257
20 M 2105 54 OO

ANDALE — 316
(Sedgwick County Medical Society)

STECH MD, JOSEPH M, PO BOX 38, 67001-0038
796-0601 3006560660
27 M 3006 57 FP

ANDOVER — 316
(Sedgwick County Medical Society)

GEISLER MD, STEVEN R, 1000 WALNUT CT, 67002-9022
634-2696 0
59 M 1803 90 AN

LEHR MD, DAVID G, PO BOX 496, 67002-0496
733-1331 2803900500
52 M 2803 93 FP

LEMONS MD, STEPHEN F, PO BOX 496, 67002-0496
733-1331 1902821020
54 M 1902 83 FP

ANTHONY — 316
(Ninnescah Medical Society)

ANTRIM MD, PHILIP J, RR 1 BOX 84, 67003-9747
0 1902420033
15 M 1902 42 OO

ARKANSAS CITY — 316
(Cowley County Medical Society)

ALVAREZ MD, NORBERTO, PO BOX 929, 67005-0929
442-4850 27501590547
29 M 27501 73 FP

DE ARMOND MD, LYNDA B, 510 W RADIO LN, 67005-4098
442-2100 0
63 F 4815 92 FP

HILL MD, JAMES E, 1019 N 2ND ST, 67005-1513
0 1902340277
9 M 1902 34 OO

MARVEL MD, JAMES E, PO BOX 873, 67005-0873
441-0222 3901680573
43 M 3901 72 ORS

OLD MD, JERRY L, 510 W RADIO LN, 67005-4011
442-2100 1902741701
49 M 1902 75 FP

ROSS MD, DAVID K, PO BOX 1148, 67005-1148
442-2100 1902740968
48 M 1902 75 FP

SCHMEIDLER MD, DAVID A, PO BOX 1148, 67005-1148
442-2100 1902791589
54 M 1902 82 FP

SCHOELING MD, RICK D, 510 W RADIO LN, 67005-4011
442-2100 1902861498
59 M 1902 89 FP

SHAHZADA MD, KAMRAN, PO BOX 929, 67005-0929
442-1444 0
53 M 30811 92 IM

SINGH MD, GIRVAR, PO BOX 675, 67005-0675
442-4300 49555640021
40 M 49555 78 OPH

SMITH MD, BRUCE G, 210 S 2ND ST, 67005-2863
0 1902441421
20 M 1902 44 OO

SMITH MD, NEWTON C, PO BOX 1148, 67005-1148
442-2100 3901450594
21 M 3901 51 FP

YOACHIM MD, ROBERT W, PO BOX 1148, 67005-1148
442-2100 3005781417
52 M 3005 80 FP

ATCHISON — 913
(Atchison County Medical Society)

BURKE MD, JOSEPH V, 1400 N 2ND ST, 66002-1203
367-5496 3006660125
35 M 3006 71 GS

EPLEE MD, JOHN R, 1225 N 2ND ST, 66002-1474
367-0880 1902780595
53 M 1902 82 FP

FAST MD, W SPENCER, 1301 N 2ND ST, 66002-1297
367-7417 3006390268
11 M 3006 40 FP

GORACKE MD, DOUGLAS S, 1301 N 2ND ST, 66002-1297
367-2131 1902850631
58 M 1902 85 AN

HART MD, LAWRENCE E, 1412 N 2ND ST, 66002-1203
367-5054 1902640351
32 M 1902 65 FP

JONES MD, MICHAEL P, 1225 N 2ND ST, 66002-1474
367-0880 1902830991
55 M 1902 85 FP

RIDER MD, JAMES W, 1225 N 2ND ST, 66002-1474
367-0861 2803730744
47 M 2803 76 FP

SHAFFER MD, CHAD P, 1225 N 2ND ST, 66002-0000
367-0880 0
62 M 2846 93 FP

SHAFFER MD, SUZANNE H, 1225 N 2ND ST, 66002-0000
367-0880 0
66 F 2846 93 FP

SHRIWISE MD, TOM L, 1301 N 2ND ST, 66002-1297
367-3646 1902810711
54 M 1902 0 ORS

TAYIEM MD, A K, 1201 N 2ND ST, 66002-0000
367-3900 33002680012
43 M 33002 72 GS

WALLACE JR MD, WAYNE O, 1301 N 3RD ST, 66002-1200
367-7300 2803650732
36 M 2803 67 FP

YOUNG MD, CHARLES H, 1301 N 3RD ST, 66002-1200
367-4053 1902530980
23 M 1902 53 FP

ATLANTA — 316
(Sedgwick County Medical Society)

MASTIO JR MD, GEORGE J, PO BOX 138, 67008-0138
0 1902520470
25 M 1902 52 OO

ATTICA — 316
(Ninnescah Medical Society)

STONE MD, GRANT C, 500 N HARPER, 67009-0000
254-7219 5605350480
8 M 5605 69 FP

ATWOOD — 913
(Northwest Kansas Medical Society)

WERNER MD, WILLARD F, PO BOX 5, 67730-0005
626-3241 1902520755
24 M 1902 52 FP

AUGUSTA — 316
(Butler-Greenwood County Medical Society)

ANDERSON MD, DALE W, 120 W JOSEPHINE, 67010-2037
775-5432 1902550018
30 M 1902 55 FP

BARBER MD, JAMES L, 120 W JOSEPHINE, 67010-2037
775-5432 1902570035
31 M 1902 57 FP

BAXTER SPRINGS — 316
(Crawford-Cherokee County Medical Society)

ALQUIST MD, VERYL D, 2040 FAIRVIEW, 66713-0000
0 1902420017
17 M 1902 42 OO

BELLE PLAINE — 316
(Sedgwick County Medical Society)

MEEKER II MD, BRUCE P, RR 3 BOX 68, 67013-0000
0 1902580626
30 M 1902 59 OO

BELLEVILLE — 913
(Republic County Medical Society)

DOUBEK MD, HERBERT D, 2408 FAIRWAY CT, 66935-2728
0 1902560323
28 M 1902 56 OO

HOLT MD, ROBERT E, 2337 G ST #100, 66935-2453
527-2237 702760518
59 M 1902 77 FP

SCOTT MD, DUANE, 2337 G ST, 66935-2453
527-2217 1902600759
34 M 1902 61 FP

WALKER MD, ANDY E, 2337 G ST, 66935-2453
527-2217 1902871795
61 M 1902 88 FP

BELOIT — 913
(Mitchell County Medical Society)

CARRICO D O, JEROME M, PO BOX 443, 67420-0443
738-5255 0
37 M 2879 67 GP

CONCANNON MD, CRAIG A, PO BOX 587, 67420-0587
738-2246 1902840415
58 M 1902 0 IM

DOBRATZ MD, ROBERT A, 700 N PINE, 67420-2532
0 1902520224
24 M 1902 52 OO

DRAKE MD, DOUGLAS J, 112 W MAIN PO BOX 605, 67420-0605
738-3571 1902710317
43 M 1902 72 FP

FUGATE MD, CARL L, PO BOX 587, 67420-0587
738-2246 1902840601
57 M 1902 0 FP

KIMPLE MD, KRIS G, PO BOX 587, 67420-0587
738-2246 1902890927
53 M 1902 0 FP

KLENDA JR MD, MARTIN B, PO BOX 587, 67420-0587
738-2246 1643630351
38 M 1643 66 GS

WELTMER MD, ROGER P, PO BOX 571, 67420-0571
0 1902441588
18 M 1902 44 OO

BLUE RAPIDS — 913
(Northeast Kansas Medical Society)

BUCK JR MD, WILLIAM D, 607 LINCOLN, 66411-1419
226-7202 1902600121
59 M 1902 89 FP

LAWLESS MD, HAROLD L, 607 LINCOLN, 66411-1419
0 702540381
29 M 702 58 OO

BONNER SPRINGS — 913
(Wyandotte County Medical Society)

DETAR NEWBERT MD, LEANNE, PO BOX 477, 66012-0477
422-2020 1902870471
51 F 1902 89 FP

JOHNSON MD, CLIFFORD D, PO BOX 477, 66012-0477
422-2020 1902850879
56 M 1902 92 FP

MARTIN MD, PHILIP E, PO BOX 477, 66012-0477
422-2020 1902832404
56 M 1902 94 IM

BUCKLIN — 316
(Iroquois County Medical Society)

LUNA MD, ANTHONY D, 203 N MAIN, 67834-0000
826-3266 1902821071
54 M 1902 83 FP

BURDEN — 316
(Cowley County Medical Society)

KAUFMAN MD, LELAND R, RR 1 BOX 153B, 67019-0000
0 1902610428
33 M 1902 61 OO

BURLINGTON — 316
(Flint Hills Medical Society)

KENNEDY MD, MICHAEL L, PO BOX 189, 66839-0189
364-5395 1902900710
55 M 1902 0 FP

WHITE MD, NELSON P H, 824 N 4TH ST, 66839-2601
364-5395 3901630835
34 M 3901 90 FP

CANEY — 316
(Southeast Kansas Medical Society)

FOREMAN D O, TOM D, PO BOX 325, 67333-0000
879-2182 0
55 M 3979 92 GP

MOORE MD, ROBERT F, PO BOX 325, 67333-0325
879-2135 1902560765
28 M 1902 56 FP

CARBONDALE — 913
(Shawnee County Medical Society)

HAVERKAMP MD, KENT D, 211 E MAIN, 66414-9635
836-7111 0
63 M 1902 0 IM

HORNBAKER MD, STANLEY D, 211 E MAIN, 66414-9635
836-7111 1902820805
56 M 1902 0 IM

MARCELL MD, GERALD W, 211 E MAIN, 66414-0309
836-7111 1902831122
46 M 1902 89 FP

PENN MD, DAVID J, 211 MAIN ST, 66414-0000
836-7111 0
62 M 1902 94 FP

CHANUTE — 316
(Southeast Kansas Medical Society)

ABBUEHL MD, DON R, 932 WINDSOR, 66720-2547
0 1902440018
18 M 1902 44 OO

ASHLEY MD, SAMUEL G, 505 S PLUMMER, 66720-1950
0 1902430021
16 M 1902 43 OO

BURKMAN MD, REUBEN J, 1501 W 7TH, 66720-2551
431-9310 1902540101
28 M 1902 54 FP

GEHRT MD, EARL B, 505 S PLUMMER, 66720-1950
431-2500 1902620261
32 M 1902 63 FP

KIHM MD, ALBERT A, 618 S WILSON AVE, 66720-2160
0 1902550646
27 M 1902 55 OO

LEE D O, BRUCE W, 505 S PLUMMER, 66720-0000
431-2500 2878900718
64 M 2878 93 FP

MABEN MD, PAMELA S, 505 S PLUMMER, 66720-1950
431-2500 1902791210
54 F 1902 80 IM

MC FARLAND MD, GRETA S, 505 S PLUMMER, 66720-1950
431-2500 1902791295
54 F 1902 81 PD

PARHAM MD, VERDON W, 505 S PLUMMER, 66720-1950
431-2500 1902731411
47 M 1902 75 FP

PEASTER MD, MICHAEL L, 505 S PLUMMER, 66720-0000
431-2500 0
56 M 5606 0 U

TAYLOR MD, CATHY M, 1409 W 7TH, 66720-2550
431-0340 1902831289
57 F 1902 88 OBG

THOMEN II MD, ROBERT K, 505 S PLUMMER, 66720-1950
431-2500 1902841802
59 M 1902 86 FP

VAN HOUDEN MD, CHARLES E, 505 S PLUMMER, 66720-1950
431-2500 1902761434
52 M 1902 77 GS

CHETOPA — 316
(Labette County Medical Society)

PEFFLY MD, ELMER D, PO BOX 266, 67336-0266
236-7188 3901530601
22 M 3901 56 FP

CLAY CENTER — 913
(Clay County Medical Society)

BROWNING MD, JIMMIE L, PO BOX 520, 67432-0520
632-2181 1902780285
50 M 1902 79 FP

BUTT MD, MUHAMMED, 611 LIBERTY ST, 67432-1564
632-2191 70401690156
46 M 70401 0 GS

ERICKSON MD, KENT E, PO BOX 520, 67432-0520
632-2181 1902832145
56 M 1902 0 FP

HATESOHL MD, STANLEY M, PO BOX 520, 67432-0520
632-2181 1902840750
57 M 1902 87 FP

NELSON MD, MARIAN K, PO BOX 520, 67432-0520
632-2181 1902881120
59 F 1902 0 FP

PENNER MD, TIMOTHY M, PO BOX 520, 67432-0520
632-2181 1902861331
59 M 1902 0 FP

THOMPSON MD, SUSAN D, 609 LIBERTY, 67432-0000
632-2181 0
59 F 1902 94 FP

CLYDE — 913
(Cloud County Medical Society)

COULTER D O, THAYNE A, 306 N HIGH, 66938-9468
0 2878370034
12 M 2878 37 OO

COFFEYVILLE — 316
(Southeast Kansas Medical Society)

BLOCK MD, JEROME E, PO BOX 464, 67337-0464
251-2400 3305640033
38 M 3305 0 IM

CAMPBELL MD, WILLIAM H, 1411 W 4TH STE D, 67337-3300
251-3235 1902650098
39 M 1902 66 OPH

CHILLAL MD, PANDURANG P, 801 W 8TH ST, 67337-4109
251-7505 49535740061
49 M 49535 87 IM

DICKINSON MD, CHARLES R, 608 SPRUCE, 67337-4928
0 1606450300
20 M 1606 47 OO

HAN MD, CHAN S, 908 SIGGINS, 67337-2921
251-1560 58306610048
35 M 58306 74 PD

HOWERTER JR MD, BERNARD E, PO BOX 659, 67337-0659
251-4790 1803680490
43 M 1803 73 U

MILLER D O, STEPHEN A, PO BOX 489, 67337-0489
251-0777 2878760509
47 M 2878 87 OBG

SRIKUREJA DO, SURIN, 80 W 8TH, 67337
321-1500
55 M 2878 93 GS

UY MD, WILSON O, 101 TYLER BLVD, 67337-2424
251-1200 74801670192
42 M 74801 73 PATH

WHITE MD, DONALD C, PO BOX 1449, 67337-0937
251-1200 3515650694
35 M 3515 72 R

WILSON MD, JAMES W, PO BOX 469, 67337-0469
251-5210 3901580790
26 M 3901 69 GP

COLBY — 913
(Northwest Kansas Medical Society)

SMITH JR MD, FLOYD L, 880 SUNSET DR, 67701-2945
0 1902441430
20 M 1902 44 OO

COLDWATER — 316
(Iroquois County Medical Society)

GOERING MD, DONALD D, BOX 748, 67029-0748
582-2136 1902560421
31 M 1902 56 FP

RIDGE MD, CHARLES H, 301 S WASHINGTON ST, 67029-0000
582-2136 0
31 M 4812 94 FP

COLUMBUS — 316
(Crawford-Cherokee County Medical Society)

MOGHE MD, CHANDRAKANT B, 301 N KANSAS ST, 66725-1223
429-3636 0
63 M 49545 0 FP

PASIMIO MD, ROGER S, PO BOX 79, 66725-0079
429-1977 74801623089
38 M 74801 0 GS

CONCORDIA — 913
(Cloud County Medical Society)

ANDERSON MD, PATRICIA W, PO BOX 489, 66901-0489
243-3111 3006861066
59 F 3006 0 IM

FOWLER MD, WAYNE L, 1010 3RD PO BOX 589, 66901-0589
243-1560 1720470299
23 M 1720 53 IM

FREEBORN JR MD, WARREN S, RR 3 BOX 307, 66901-9105
0 1720510312
26 M 1720 60 OO

GOFF MD, MARCELUS A, PO BOX 349, 66901-0000
243-3727 16504720164
30 M 0 0 ORS

MEHTA MD, PRAVEEN S, 1100 HIGHLAND DR, 66901-0000
243-1234 0
66 M 49501 0 IM

MYERS MD, DANIEL L, 910 W 11TH, 66901-3911
243-4272 1902821356
56 M 1902 88 GS

OOMMEN MD, JACOB S, 1100 HIGHLAND DR, 66901-0000
234-1234 0
63 M 69001 0 IM

RAY MD, DAVID J, 910 W 11TH, 66901-3911
243-2511 2803610471
36 M 2803 91 U

RUZICKA MD, LAWRENCE J, 1115 HILLSIDE, 66901-4021
0 3005400588
13 M 3005 46 OO

STRYKER JR MD, HENRY B, 1110 W 11TH, 66901-0000
0 3501440999
19 M 3501 52 OO

THORNTON JR MD, FOXHALL P, 723 W 7TH, 66901-2711
243-1560 5101510656
25 M 5101 55 IM

COTTONWOOD FALLS — 316
(Flint Hills Medical Society)

SHERARD MD, JOHN L, PO BOX 585, 66845-0585
272-6131 1902861561
59 M 1902 91 FP

COUNCIL GROVE — 316
(Flint Hills Medical Society)

BLACKBURN MD, ROBERT W, RR 2 BOX 34A, 66846-9802
0 1902490040
22 M 1902 49 OO

BYRAM MD, MELANIE S, 604 N WASHINGTON ST, 66846-1467
767-5126 4804870763
60 F 4804 0 FP

FRESE MD, DANIEL R, 604 N WASHINGTON PO BOX A, 66846-0600
767-5126 1902780617
53 M 1902 78 FP

HORNUNG MD, JOEL E, PO BOX A, 66846-0600
767-5126 1902850801
59 M 1902 86 FP

SIEGLE MD, LORA A, PO BOX A C/O FMLY HLTH CNTR, 66846-0600
767-5126 1902841632
56 F 1902 0 FP

CUNNINGHAM — 913
(Wyandotte County Medical Society)

ALLBRITTEN JR MD, FRANK F, PO BOX 177, 67035-0177
0 4101380021
14 M 4101 54 OO

DENTON — 913
(Northeast Kansas Medical Society)

YODER MD, EMERSON D, PO BOX 128, 66017-0128
0 1902490791
14 M 1902 49 OO

DERBY — 316
(Sedgwick County Medical Society)

CHAPMAN MD, RANDELL B, 1410 N WOODLAWN BLVD, 67037-2922
788-3741 3901830231
55 M 3901 91 FP

KLEIN MD, THOMAS C, 619 N ROCK RD, 67037-0000
788-1779 1902880930
60 M 1902 91 FP

LIND II MD, EDWARD J, 1101 N ROCK RD, 67037-3735
788-6963 1902781036
53 M 1902 79 FP

NIEDEREE MD, DAVID W, 1101 N ROCK RD, 67037-3735
788-6963 3006820785
56 M 3006 84 FP

ST CLAIR D O, DONNA M, 619 N ROCK RD, 67037-0000
788-1779 2878881489
61 F 2878 0 FP

VINZANT MD, MARK N, 1410 N WOODLAWN BLVD, 67037-2922
788-3741 64914751614
45 M 64914 77 FP

WARD MD, CYNTHIA L, 1101 N ROCK RD, 67037-3735
788-6963 1902851875
58 F 1902 0 FP

DODGE CITY — 316
(Ford County Medical Society)

AMAWI MD, MOHAMMAD S, 2020 CENTRAL, 67801-6411
227-1371 87501710073
46 M 87501 76 GS

AVILA MD, OSCAR, 2020 CENTRAL, 67801-6411
227-1371 17603690061
41 M 17601 75 IM

AYUTHIA MD, ISSARA I, 2004 FREDERICK DR, 67801-2915
0 89101670474
40 M 89101 78 PATH

BRIAN MD, DAVID A, PO BOX 1000, 67801-6422
227-1148 4102640191
39 M 4102 89 OTO

CHOTIMONGKOL MD, ANUPONG, 2020 CENTRAL, 67801-6411
227-1371 89102690193
43 M 89102 76 OBG

CONANT MD, MERRILL, 120 ROSS, 67801-2131
227-6550 1902830452
56 M 1902 0 FP

CONARD MD, CLAIR C, 2020 CENTRAL, 67801-6411
227-1371 1902550247
27 M 1902 55 IM

CORNITIUS MD, TIMOTHY G, 2020 CENTRAL, 67801-1000
227-1371 0
59 M 4815 0 D

GARCIA MD, GUILLERMO O, 1206 FRONTVIEW, 67801-2039
225-7710 23101680266
43 M 23101 77 ORS

GREENBERG MD, GEORGE E, 1904 BURR PKWY, 67801-2324
225-1033 401680314
42 M 401 72 R

HARDING MD, PHYLLIS M, 2020 CENTRAL, 67801-6411
227-1371 0
59 F 3841 0 PD

HOSTETLER MD, ROBERT W, PO BOX 1000, 67801-1000
855-7717 1902870781
55 M 1902 88 FP

JOHNSON MD, HOWELL D, 2020 CENTRAL, 67801-6411
227-1371 1902710546
45 M 1902 72 IM

KENOYER MD, M RAY, 1206 FRONTVIEW STE 201, 67801-2039
227-6900 0
43 M 1902 90 GS

KNOLL MD, BRUCE F, 2020 CENTRAL, 67801-6411
227-1371 2501620800
33 M 2501 92 U

KYI MD, WIN M, PO BOX 1517, 67801-1517
227-3141 20901730165
49 M 20901 0 GS

MARPLES MD, DOUGLAS, 2020 CENTRAL, 67801-6411
227-1371 1902800731
54 M 1902 0 IM

MCELHINNEY MD, CHARLES F, 2020 CENTRAL, 67801-6411
227-1371 1902620547
36 M 1902 63 GS

NELSON MD, CHARLES G, 2020 CENTRAL, 67801-6411
227-1371 1902861285
56 M 1902 89 IM

NIXON MD, JAMES E, PO BOX 1318, 67801-1318
225-1033 4812720738
40 M 4812 79 DR

OHMAN MD, RICHARD J, 1810 1/2 FAIRWAY DR, 67801-2903
0 2407410664
15 M 2407 50 OO

ROONEY D O, MICHAEL N, 2020 CENTRAL, 67801-6411
227-1371 0
58 M 2878 86 GP

SCHWARTZ MD, EUGENE W, 2100 CAROUSEL, 67801-0000
0 1902500649
24 M 1902 50 OO

TROTTER MD, ROGER COURTNEY, 120 ROSS BLVD, 67801-2131
225-6120 1902741824
47 M 1902 76 FP

VIERTHALER MD, CARL A, 2020 CENTRAL, 67801-6411
227-1371 1902781885
53 M 1902 78 IM

VILLANUEVA MD, RAYMUNDO, 2020 CENTRAL, 67801-0000
227-1371 64903680065
43 M 64903 93 ORS

WIN MD, AYE M, PO BOX 1517, 67801-1517
227-3141 20901750115
50 F 20901 0 IM

EDWARDSVILLE — 913
(Wyandotte County Medical Society)

LEGLER D O, GARY L, 10601 KAW DR, 66106-0000
441-1750 2878770318
50 M 2878 94 FP

EL DORADO — 316
(Butler-Greenwood County Medical Society)

COLEY D O, MICHAEL E, 620 W CENTRAL, 67042-0000
321-9000 0
51 M 1875 0 OTO

COOPER MD, CATHY N, 119 N JONES ST, 67042-1469
321-2010 1902860360
62 F 1902 0 FP

HAFFNER MD, WILLIAM N, 123 N ATCHISON ST, 67042-1738
321-5630 1902610312
35 M 1902 62 GS

KUHNS MD, HENRY R, 123 N ATCHISON ST, 67042-1738
321-2100 1902850992
59 M 1902 0 IM

LEE MD, YONG U, 123 N ATCHISON ST, 67042-1738
321-0010 58310600081
35 M 58310 77 GS

NIGHTENGALE MD, DIANE D, 119 JONES ST, 67042-1469
321-2010 1902860441
60 F 1902 0 FP

OLSEN MD, PHILLIP S, 123 N ATCHISON ST, 67042-1738
321-2100 1902730849
46 M 1902 73 IM

PROCTOR MD, ROBERT W, 119 JONES ST, 67042-1499
321-2010 1902630682
38 M 1902 0 FP

RAUSCH MD, MICHAEL A, 2053 DRAGONFLY DR, 67042-0000
321-2010 1902905312
63 M 1902 0

REDDY MD, SUGUNA V, 123 N ATCHISON ST, 67042-1738
321-7550 49562720277
47 F 49562 79 PD

REDDY MD, VENUMBAKA C, 123 N ATCHISON #103, 67042-1738
321-3300 49558710054
46 M 49511 79 IM

RODRIGUEZ MD, WILMAR C, 123 N ATCHISON ST STE 301, 67042-1738
321-7683 0
45 M 84710 0 U

SHIELDS JR MD, JAMES M, 1325 W 3RD, 67042-1519
0 4802421376
18 M 4802 46 OO

SIWEK MD, CHRISTOPHER W, 123 N ATCHISON STE 303, 67042-1738
321-5211 75911710013
48 M 75911 78 ORS

WHITE II MD, BENJAMIN E, 301 S DENVER, 67042-0000
0 1902540993
27 M 1902 54 OO

ELKHART — 316
(Southwest Kansas Medical Society)

IWAY MD, BELINO D, PO BOX 878, 67950-0878
697-2175 74811660586
42 M 74811 78 IM

IWAY MD, OLIVIA N, PO BOX 878, 67950-0878
697-2175 74811680412
43 F 74811 80 P

PERIDO MD, DOMINADOR T, BOX 997, 67950-0997
697-2155 74801680384
44 M 74801 75 GS

ELLINWOOD — 316
(Barton County Medical Society)

LAW MD, FINDLEY, 402 N MAIN, 67526-1615
0 1902510431
22 M 1902 51 OO

SHIVELY MD, ROBERT M, 611 N MAIN, 67526-1440
564-2318 1902862061
56 M 1902 89 FP

EMPORIA — 316
(Flint Hills Medical Society)

AMEND MD, DOUGLAS J, 1127 CHESTNUT ST #300, 66801-2523
343-6565 1902760039
46 M 1902 79 OBG

BARNETT MD, JAMES A, PO BOX 907, 66801-0907
342-2521 1902790124
54 M 1902 82 IM

BERNARD MD, JOHN H, 1024 W 12TH, 66801-5553
343-6864 1902850127
58 M 1902 88 FP

BOSILJEVAC JR MD, JOSEPH E, 2522 W 15TH, 66801-6102
343-7043 1902751650
51 M 1902 81 TS

BRADLEY MD, H RUSSELL, 1601 STATE, 66801-5300
343-2900 1902610096
35 M 1902 62 FP

BROCKHOUSE MD, JOHN P, 1601 STATE, 66801-5300
343-2900 1902570060
31 M 1902 57 IM

BURGESON MD, FRANK G, 1601 STATE, 66801-5300
342-6989 3005650151
40 M 3005 71 OPH

BUTCHER MD, THOMAS P, 2029 HUNTINGTON RD, 66801-5423
0 1601340166
5 M 1601 34 OO

CAMPBELL MD, EDWARD G, 1601 STATE, 66801-5300
343-2900 1902610916
31 M 1902 62 FP

DAVIS MD, DAVID R, 2300 INDUSTRIAL RD #108, 66801-6636
0 2101280155
2 M 2101 28 OO

DICK JR MD, HENRY J, 25 W 5TH AVE, 66801-4035
342-2341 1902580251
27 M 1902 59 FP

EDWARDS MD, DAVID J, 1601 STATE ST, 66801-5300
343-1191 2803690289
43 M 2803 77 ORS

FORDYCE MD, NORMAN, 1130 CHESTNUT ST, 66801-2549
343-3533 1902670251
41 M 1902 67 OTO

GARCIA MD, GOULD C, PO BOX 907, 66801-0907
342-2521 3607580251
32 M 3607 65 IM

GEITZ MD, JAMES M, PO BOX 907, 66801-0907
342-2521 1902720509
46 M 1902 73 IM

GINAVAN MD, DUANE A, 1024 W 12TH AVE, 66801-5553
342-5876 1902620270
35 M 1902 63 FP

GLENN MD, JAMES N, 1601 STATE ST, 66801-5300
343-1191 4804660271
40 M 4804 70 ORS

HARRIS D.O., TIMOTHY P, 2506 W 15TH AVE, 66801-6102
342-6161 0
56 M 2879 91 GS

HICKS JR MD, THOMAS E, 1601 STATE ST, 66801-5300
343-2900 1902801533
53 M 1902 0 GS

HOPPER MD, CHARLES R, 1726 OLD MANOR RD, 66801-5634
0 1902470294
17 M 1902 47 OO

HOWELL MD, BARBARA J, 1601 STATE ST, 66801-5300
343-2900 3401780903
45 F 3401 82 PD

KNECHT MD, STEPHEN M, 1201 W 12TH AVE, 66801-2597
342-7722 1902700656
44 M 1902 72 R

KRETSINGER DO, W BROCK, PO BOX 907, 66801-0907
342-2521 2878770652
48 M 2878 81 IM

LLOYD MD, JOHN C, 1127 CHESTNUT ST STE 300, 66801-2523
343-6565 4802761088
50 M 4814 86 OBG

MIGUELINO MD, OLIVER M, 1201 W 12TH AVE, 66801-2597
343-6800 74801570864
35 M 74801 71 PATH

MONTGOMERY MD, MICHAEL L, 1601 STATE ST, 66801-5300
343-1191 1902821305
53 M 1902 86 ORS

NEUER MD, FREDERICK S, 1201 W 12TH AVE, 66801-2597
343-7893 3601710144
46 M 3601 74 R

PASTOR MD, VICTOR H, 1601 STATE ST STE 101, 66801-5300
342-7715 13202680041
43 M 13202 78 U

PIERSON MD, MARK E, 1024 W 12TH AVE, 66801-5553
343-6864 1902801592
50 M 1902 82 FP

SCHELLINGER MD, RICHARD P, 1714 YUCCA LN, 66801-5640
342-5872 3005490498
22 M 3005 56 GS

SHERARD MD, SARAH L, 1201 W 12TH AVE, 66801-2597
343-6800 1902871566
61 F 1902 90 DR

SNOWBARGER MD, MARVIN D, 1601 STATE ST, 66801-5300
343-2900 1902551065
29 M 1902 55 FP

STEEVES MD, JOHN H, 603 LINCOLN ST, 66801-2440
343-1065 6701580875
32 M 6701 0 R

STONE MD, CHESTER W, 1601 STATE ST, 66801-5300
343-2900 1902801037
53 M 1902 85 HEM

UNDERWOOD MD, CHARLES C, 25 W 5TH AVE, 66801-4035
342-2341 1902320462
7 M 1902 32 IM

WRIGHT MD, KENDALL M, 1024 W 12TH, 66801-5553
343-2376 1902711232
45 M 1902 72 FP

ERIE — 316
(Labette County Medical Society)

BRYAN MD, EMERY C, 212 N GRANT, 66733-1232
0 1902320098
4 M 1902 32 OO

CULVER D O, SONYA K, PO BOX 78, 66733-0078
244-3267 2878860112
61 F 2878 87 FP

ESKRIDGE — 913
(Shawnee County & Flint Hills Medical Societies)

WALKER MD, WILLIAM H, PO BOX 218, 66423-0218
0 2401381239
10 M 2401 40 OO

EUDORA — 913
(Douglas County Medical Society)

ALTENBERND MD, ELVIN C, RR 1 BOX 19, 66025-0000
0 1902540012
26 M 1902 54 OO

BOCK MD, PETER A, PO BOX U, 66025-0821
542-2108 1902842299
57 M 1902 0 FP

FUNK MD, EDWARD D, RT 1/BOX 40A, 66025-9027
0 1902410186
4 M 1902 41 OO

HOLLADAY MD, KENNETH R, PO BOX G, 66025-0807
542-2345 1902580430
34 M 1902 61 FP

EUREKA — 316
(Butler-Greenwood County Medical Society)

MCCLINTICK D O, MICHAEL D, 1602 N ELM ST, 67045-1099
583-7436 2878791102
50 M 2878 0 GP

SKAER MD, STANLEY A, 100 E 16TH, 67045-1067
583-7486 3901650828
40 M 3901 78 GS

FORT SCOTT — 316
(Bourbon County Medical Society)

AKERS MD, GUY I, 618 MEADOW LN, 66701-3149
0 1902530017
20 M 1902 53 OO

ALDIS MD, HENRY, 6 E 13TH, 66701-2625
223-3100 1902410011
13 M 1902 41 GP

ALDIS MD, WILLIAM, 1123 S CRAWFORD, 66701-2531
0 1902440026
20 M 1902 44 OO

BAKER MD, MICHAEL P, 710 W 8TH ST, 66701-2498
223-3100 1902880069
62 M 1902 0 ENT

BENAGE MD, JOHN F, 821 BURKE, 66701-2409
223-2200 1902580065
32 M 1902 59 OBG

BRAUN MD, EDWARD W, 710 W 8TH ST, 66701-2404
223-3100 1902680108
42 M 1902 69 U

BURKE MD, JAMES J, 710 W 8TH ST, 66701-2404
223-3100 2834610089
35 M 2834 67 IM

CHOW MD, STANLEY Y, 1410 S EDDY, 66701-3407
0 24222390016
18 M 24222 63 OO

COSENS D O, BRENT L, 821 BURKE, 66701-0000
223-7070 0
58 M 2879 93 EM

DILL MD, RODNEY S, 821 BURKE, 66701-0000
223-2200 74811770021
41 M 74811 78 GP

DUNSHEE MD, CARLYLE M, 710 W 8TH ST, 66701-2404
223-3100 1902570248
32 M 1902 57 GS

GETTLER MD, DEAN T, 710 W 8TH ST, 66701-2404
223-3100 1902570311
31 M 1902 57 GS

GOOD MD, JAMES T, RR 1 BOX 140, 66701-9739
0 2802450322
21 M 2802 62 OO

GRANTHAM MD, HERBERT G, 701 W 8TH ST, 66701-2403
223-2200 4501760582
49 M 4501 84 PATH

HALL D O, RALPH W, 710 W 8TH ST, 66701-2498
223-3100 0
57 M 2878 0 GS

IRBY MD, PRATT, 2401 S HORTON #148, 66701-3198
0 4705360222
13 M 4705 40 OO

ISAAC MD, STEVEN R, 902 S HORTON, 66701-0000
223-4100 1902910707
65 M 1902 93 FP

KERR MD, GERALD F, 701 W 8TH ST, 66701-2403
223-6164 1902690626
44 M 1902 0 PATH

MCKENNA MD, MICHAEL J, 323 S JUDSON STE 120, 66701-2300
223-3950 1902640611
38 M 1902 65 FP

NICHOLS MD, ROBERT R, 902 S HORTON, 66701-2438
223-4100 2803760741
50 M 2803 77 FP

PARRIS MD, ROGER D, 902 S HORTON, 66701-2438
223-4100 2803780768
51 M 2803 0 FP

PHELPS MD, DAVID W, 902 S HORTON, 66701-2438
223-4100 1902761060
51 M 1902 77 FP

QUINLAN D O, GREGORY H, 710 W 8TH ST, 66701-2404
223-3100 2878770547
50 M 2878 85 OPH

SABA MD, MEKKI M, 710 W 8TH ST, 66701-2404
223-3100 0
40 M 52801 90 ORS

SCHMIDT MD, MARTY L, 710 W 8TH, 66701-2404
223-3100 1902881464
62 M 1902 91 PD

SPENCER MD, JOHN HAROLD, 902 S HORTON, 66701-2438
223-4100 1902741051
47 M 1902 76 FP

TAGGE MD, BRUCE W, 710 W 8TH ST, 66701-2498
223-3100 0
55 M 3901 0 OBG

WEDDLE MD, DOUGLAS P, 902 S HORTON, 66701-2438
223-3100 1720691791
43 M 1720 73 FP

WEILERT MD, STEVEN V, 821 BURKE, 66701-2409
223-2200 0
57 M 2846 0 PATH

FREDONIA — 316
(Southeast Kansas Medical Society)

BACANI MD, OSWALDO C, 525 MADISON PO BOX 576, 66736-0576
378-3700 74810700312
44 M 74810 78 GS

BEAL MD, RAYMOND J, 829 MONROE, 66736-1441
0 1902380031
12 M 1902 38 OO

RINDT MD, PHILLIP L, 432 N 7TH, 66736-1315
378-3341 1902710911
45 M 1902 81 FP

SUMNER MD, RALPH N, PO BOX 537, 66736-0537
378-2311 1902570914
31 M 1902 57 FP

GARDEN CITY — 316
(Southwest Kansas Medical Society)

ARROYO MD, ZEFERINO, 603 N 5TH, 67846-5635
275-3700 74801670893
0 M 74802 75 GS

BAUGHMAN MD, MICHAEL J, 310 E WALNUT ST STE 208, 67846-5500
275-8400 1902820104
56 M 1902 87 ORS

BEGGS MD, DAVID F, 603 N 5TH, 67846-5635
275-3700 1902640025
39 M 1902 65 IM

BRUNO MD, JAMES W, PO BOX 1133, 67846-1133
276-8201 4706660441
42 M 4706 73 FP

CALBECK MD, JOHN, 603 N 5TH, 67846-5635
275-3700 1902751692
50 M 1902 78 IM

CARPER MD, IVAN H, 2914 FLEMING ST APT 612, 67846-7308
276-4212 1902590125
28 M 1902 60 EM

DAS MD, KRISHNA L, 310 E WALNUT ST STE 204, 67846-5500
276-4427 0
45 M 49509 89 P

EICHHORN MD, FRANK D, BOX 719, 67846-0719
276-8132 1902560340
25 M 1902 56 FP

FENTON MD, ROBERT M, 1106 E HACKBERRY ST, 67846-5833
0 1902540276
20 M 1902 54 OO

FRY MD, LUTHER L, 310 E WALNUT STE 101, 67846-5500
275-7248 1902670269
41 M 1902 68 OPH

GILBERT II MD, JOHN H, 603 N 5TH ST, 67846-5635
275-3700 1902700427
46 M 1902 72 ORS

GREENWOOD MD, JAMES F, PO BOX 419, 67846-0419
275-6779 1611650732
33 M 1611 67 FP

HANSEN MD, FRANK W, 603 N 5TH ST, 67846-5635
275-3700 1902761892
49 M 1902 78 PUD

HUNSBERGER D.O., TERRY R, PO BOX 679, 67846-0679
275-7128 2878730502
47 M 2878 74 FP

JACKSON MD, MICHAEL D, 603 N 5TH ST, 67846-5635
275-3700 4814760214
51 M 4814 82 FP

KOKSAL MD, TOM, PO BOX 1133, 67846-1133
276-8201 1902760721
51 M 1902 77 FP

LE MD, CHUONG DUC, 912 N 5TH ST, 67846-5640
275-4486 94101730381
48 M 94101 83 GP

MATHEWS D O, THOMAS G, 115 N MAIN ST, 67846-5459
275-9752 2878790122
48 M 2878 0 OBG

MATTHEWS D O, GEORGE E, 115 N MAIN ST, 67846-5459
275-9752 2878760151
48 M 2878 83 OBG

MATZEN MD, TED A, 1111 E SPRUCE, 67846-0000
276-7689 1902851204
52 M 1902 88 P

MELIN MD, BRUCE D, 410 E WALNUT, 67846-5672
272-2222 5605770926
51 M 5605 82 PATH

MEYERS MD, STEPHEN, 603 N 5TH ST, 67846-5635
275-3700 2834740853
48 M 2834 77 PD

MILLER MD, ROBERT E, 603 N 5TH ST, 67846-5635
275-3700 4812550646
26 M 4812 75 GS

OPPLIGER DO, ERIC R, 603 N 5TH, 67846-5635
275-3780 2878760444
49 M 2878 78 GP

ROBERTS MD, SHELDON D, 603 N 5TH, 67846-5635
275-3740 3840812854
55 M 3840 87 U

RODRIGUEZ MD, PAUL L, BOX 1729, 67846-1729
275-6111 4706660726
39 M 4706 71 R

SHULL D O, MICHAEL W, 603 N 5TH, 67846-5635
275-3700 2878820307
53 M 0 0 PD

TEARE MD, MAX E, 1007 DAVIS, 67846-5803
0 1902540934
28 M 1902 54 OO

TRIOLO MD, PETER A, PO BOX 1905, 67846-1905
275-7445 64933790361
43 M 64933 82 DR

TURNER MD, JOHN W, 1505 SPRUCE #45, 67846-6250
0 1902390584
13 M 1902 39 OO

VACHAL MD, EVA, 410 E WALNUT, 67846-5672
272-2222 1902740941
41 F 1902 77 PATH

WELCH MD, LAUREN A, PO BOX 763, 67846-0763
275-2141 1902711178
45 M 1902 72 GS

WELCH MD, MAURA S, 508 N 7TH, 67846-5525
275-6111 1902752991
50 F 1902 78 OBG

ZAUCHE MD, JAMES T, 603 N 5TH ST, 67846-5635
275-3730 2604792421
53 M 2604 86 PD

ZELLER MD, MYRON J, 603 N 5TH ST, 67846-5635
275-3700 1902641048
38 M 1902 65 OM

GARDEN PLAIN — 316
(Sedgwick County Medical Society)

REINHARDT-WULF MD, TAISSIA L, PO BOX 273, 67050-0273
0 91302420012
19 F 91302 60 OO

GARDNER — 913
(Johnson County Medical Society)

NIKNIA MD, MORTEZA, PO BOX 576, 66030-0576
856-7822 51701670187
38 M 51701 78 GS

GARNETT — 913
(Anderson County Medical Society)

HARRIS JR MD, CLAIB B, PO BOX 347, 66032-0347
0 1902440646
17 M 1902 44 OO

JANES MD, DONALD R, PO BOX 369, 66032-0369
448-5421 1902600350
34 M 1902 62 OBG

LEITCH MD, DAVID A, PO BOX 349, 66032-0349
448-5421 1902630526
38 M 1902 64 FP

STEVENS MD, MILDRED J, 202 W 4TH, 66032-1316
448-5454 1902470600
23 F 1902 47 FP

GIRARD — 316
(Crawford-Cherokee County Medical Society)

HALL MD, WESLEY H, PO BOX 158, 66743-0158
724-6154 1902570361
25 M 1902 57 FP

HALLABA MD, MOHEB A S, 307 N HOSPITAL DR STE 5, 66743-9698
724-8899 33003540036
29 M 33003 91 GPVS

GLASCO — 913
(Cloud County Medical Society)

HARWOOD MD, CLAUDE J, PO BOX 428, 67445-0428
0 1902550506
25 M 1902 55 OO

GODDARD — 316
(Sedgwick County Medical Society)

DERKSEN D O, LARRY A, 216 N MAIN, 67052-0560
794-8655 2807800611
60 M 2878 0 FP

GOODWIN MD, MARY K, PO BOX 560, 67052-0560
794-8655 1902770506
53 F 1902 80 FP

OWEN MD, PERE A, 151 S 151ST ST W, 67052-9405
681-2108 1902640700
37 M 1902 65 AN

GREAT BEND — 316
(Barton County Medical Society)

ALLEN JR MD, WILLIAM R, 3623 BROADWAY RM 117, 67530-0000
792-2617 1902460027
46 M 1902 80 R

BEAHM MD, DONALD E, PO BOX 9, 67530-0009
792-3626 1902710058
45 M 1902 72 OPH

BROWN MD, C REIFF, 1701 K 96 HWY, 67530-3014
792-1248 3901570093
31 M 3901 0 ORS

BROZEK MD, JEFFREY E, 1309 POLK, 67530-3618
792-5341 1902830371
57 M 1902 84 FP

CAVANAUGH MD, CLAIR J, 1320 CLEVELAND, 67530-3633
0 1803470061
23 M 1803 52 OO

CAVANAUGH MD, TERRENCE J, 3515 BROADWAY, 67530-3633
792-2617 1902820309
55 M 1902 89 R

DEGNER MD, REX A, 3515 BROADWAY, 67530-3633
792-2511 1902850399
58 M 1902 85 PATH

DOERRY MD, KAREN E, 1309 POLK, 67530-3618
792-5341 1902880379
58 F 1902 0 FP

EDMONDS MD, MARTA J, 3520 LAKIN, 67530-3641
792-5437 1902880417
52 F 1902 91 PD

EVANS MD, WILLIAM R, 1912 LINCOLN, 67530-7551
0 1902530271
25 M 1902 53 OO

FIESER MD, CARL W, 3515 BROADWAY, 67530-3633
792-2617 1902710376
45 M 1902 75 R

FLESKE MD, LEONARD T, 1514 K 96 HWY, 67530-3012
792-4383 1902751994
49 M 1902 75 ORS

GILLENWATER MD, DAVID T, 2400 DOVE TER, 67530-6813
792-5627 1902860611
60 M 1902 0 AN

JONES MD, EDWARD L, 3515 BROADWAY, 67530-3633
792-2511 1902610410
35 M 1902 62 PATH

KING MD, WILLIAM T, 3421 FOREST, 67530-3605
793-3501 1902610461
35 M 1902 62 OBG

KIRBY MD, MERLIN G, 3520 LAKIN, 67530-3646
793-3091 1902560633
31 M 1902 56 GS

MARSHALL MD, ROGER W, 3421 FOREST, 67530-3605
792-2151 1902871124
60 M 1902 91 OBG

MCALLASTER MD, WENDALE E, 2111 FOREST, 67530-4018
793-3591 1902540624
24 M 1902 54 GS

PECK MD, ROGER, 3623 BROADWAY STE 2-D, 67530-3644
793-8429 1902810613
54 M 1902 84 IM

PRESTON MD, RICHARD, 3623 BROADWAY STE 2-D, 67530-3644
793-8429 1902690863
42 M 1902 70 IM

REDDY MD, SATTI S, 2409 ROCKBRIDGE RD, 67530-6841
792-5938 49561660114
35 M 49504 77 U

REPLOGLE MD, CHARLES B, 2111 FOREST, 67530-4018
793-3591 1902530726
27 M 1902 53 FP

RUIZ MD, CARLOS M, 4827 CAMELOT DR, 67530-1348
0 27501521006
25 M 27501 70 OO

SCHUETZ MD, PERRY N, 1422 POLK BOX A, 67530-3619
793-8414 1902710996
45 M 1902 72 OPH

SHIVEL MD, DAVID G, 3523 FOREST, 67530-3607
793-3523 1902551014
28 M 1902 55 FP

SMITH MD, PERRY M, 1309 POLK, 67530-3618
792-5341 1902771383
52 M 1902 78 FP

STANG MD, PATRICK W, 3808 21ST ST, 67530-7419
792-8637 1902871621
61 M 1902 91 P

WIENS MD, LYNN A, 3520 LAKIN ST STE 105, 67530-3646
792-5200 1902871841
61 M 1902 0 A

GREENSBURG — 316
(Iroquois County Medical Society)

BRADLEY MD, J RODERICK, 224 S SPRUCE, 67054-1732
0 1902470081
23 M 1902 47 OO

CANNATA MD, GENE, 502 S WALNUT, 67054-1950
723-2127 1902790337
54 M 1902 81 FP

MOROHUNFOLA MD, KEHINDE A, 502 S WALNUT, 67504-0000
723-2127 0
56 M 69005 93 IM

HALSTEAD — 316
(Harvey County Medical Society)

AILLON MD, ALEJANDRO J, 327 CHESTNUT, 67056-2006
835-2241 26402630018
39 M 26402 74 TS

BEUGELSDIJK MD, HENRY P, 225 POPLAR, 67056-2220
835-3404 1902741433
49 M 1902 77 AN

BURNETT MD, A DEAN, 504 COLLEGE, 67056-2137
0 1902520119
21 M 1902 52 OO

DECKER MD, DONALD D, 915 W 4TH, 67056-2020
0 1902560285
31 M 1902 56 OO

EASTES MD, GARY D, 327 CHESTNUT, 67056-2006
835-2241 4812710180
44 M 4812 78 U

FRANSEN MD, PAUL H, 327 CHESTNUT, 67056-2006
835-2241 6501710065
46 M 6501 74 FP

GNAU MD, FREDRIC B, RR 2 BOX 22AA, 67056-9802
835-2241 1902680329
42 M 1902 69 OTO

HAVEY MD, DAVID, 225 POPLAR, 67056-0000
835-2231 1945800318
50 M 1645 0 AN

HOOFER MD, WILFORD D, 327 CHESTNUT, 67056-2006
835-2241 1902550549
30 M 1902 55 TS

KIMMEL MD, KENNETH K, 327 CHESTNUT, 67056-2006
835-2241 1902770808
52 M 1902 78 IM

MARSH MD, GENE E, 1102 CHESTNUT, 67056-0000
0 1902730733
47 M 1902 77 EM

RESCHLY MD, RONALD R, 327 CHESTNUT, 67056-0000
835-2241 3806761124
43 M 3806 81 ORS

RIZZA MD, ROBERT G, RTE 2 BOX 92C, 67056-9749
835-2827 1201560566
30 M 1201 65 PD

TEJANO MD, NEONILO A, 327 CHESTNUT, 67056-2006
835-2241 74808661032
43 M 74808 72 ORS

HANOVER — 913
(Northeast Kansas Medical Society)

WARREN MD, LINDA D, BOX 38, 66945-0038
337-2214 1902700257
44 F 1902 71 FP

WARREN MD, ROGER D, BOX 38, 66945-0038
337-2214 1902570990
31 M 1902 57 GS

HAYS — 913
(Central Kansas Medical Society)

ADAMS MD, ALAN W, 2220 CANTERBURY, 67601-2323
623-2121 1902800014
54 M 1902 81 FP

ALBERS MD, ROBERT C, 2501 E 13TH ST STE 10, 67601-2764
625-4224 1902770018
48 M 0 82 IM

APPLEGATE JR MD, FRANCIS R, 1010 DOWNING AVE, 67601-2461
628-8218 1902550026
30 M 1902 55 OPH

ARCISZEWSKI MD, CHRISTOPHER I, 2818 VINE, 67601-0430
628-8221 0
48 M 35207 93 ORS

BAUER MD, RICHARD D, 1517 E 27TH ST, 67601-2111
625-0044 1902800073
54 M 1902 81 OBG

BOWERMAN MD, ROBERT F, BOX 833, 67601-0833
628-6718 1102831582
44 M 1102 85 R

BRENNER MD, CYNTHIA L, 2501 E 13TH STE 10, 67601-2735
625-4224 0
60 F 1902 92 IM

BULA MD, RALPH E, 3209A WILLOW ST, 67601-1726
0 1902370117
12 M 1902 37 OO

CARLSON MD, EARL V, DRAWER 430, 67601-0430
628-8221 3005560071
31 M 3005 65 ORS

COOK D O, RANDY A, 105 W 13TH ST, 67601-3650
628-3608 2878810247
52 M 2878 0 IM

COX MD, ROBERT H, 217 E 32ND ST, 67601-0000
628-6128 1902701300
43 M 1902 71 PD

DOSS MD, J RICHARD, 1517 E 27TH ST, 67601-2111
625-0044 401720219
46 M 401 0 OBG

EDDY MD, VICTOR M, 105 W 13TH ST, 67601-3650
625-2551 1902550328
29 M 1902 56 GS

HOLWEGER MD, RONALD, 2503 CANTERBURY RD, 67601-0000
625-4363 512771955
45 M 512 86 OPH

HUTCHISON MD, GLEN C, 3200 COUNTRY LN, 67601-1711
0 1902500312
21 M 1902 50 OO

KANE JR MD, WILLIAM M, PO BOX 518, 67601-0518
0 1001540340
27 M 1001 62 OO

KELLY MD, A CHRISTINE, 1010 DOWNING AVE, 67601-2461
625-8553 2846770219
49 F 2846 81 GS

KIFER MD, C JAMES, BOX 833, 67601-0833
625-6521 1902710562
45 M 1902 72 DR

LASLEY MD, MICHAEL B, 2501 E 13TH ST STE 7, 67601-2764
628-3217 1902710627
45 M 1902 76 GS

MATTICK MD, IRVIN H, 2900 COUNTRY LN, 67601-1710
0 2802431077
18 M 2802 54 OO

MCDONALD MD, KEVIN R, PO BOX 1176, 67601-1176
628-6014 3006780562
52 M 3006 83 U

MCDONALD MD, THOMAS L, 1010 DOWNING AVE, 67601-2461
628-8218 1902841217
53 M 1902 85 OPH

NEIL MD, ROY N, 105 W 13TH ST, 67601-3650
628-8341 3005650525
38 M 3005 71 PATH

NEWCOMB MD, WARD M, 1300 E 13TH, 67601-2551
625-5646 3005710633
47 M 3005 75 PATH

NOORDHOEK MD, LYLE J, 1300 E 13TH, 67601-2551
625-5646 1902831386
56 M 1902 84 PATH

POKORNY MD, JOHN C, 1010 DOWNING, 67601-2461
628-8218 1902891494
63 M 1902 0

PRASAD MD, BABU, 2220 CANTERBURY RD, 67601-2323
625-7301 0
48 M 49562 83 TR

RAJEWSKI MD, RICHARD L, 2509 CANTERBURY RD, 67601-2233
628-6151 1902761086
51 M 1902 77 FP

RICHARDS MD, DALLAS L, 2501 E 13TH STE 10, 67601-2764
625-4224 1902742359
49 M 1902 76 IM

RUTNGAMLUG MD, LUECHA, 105 W 13TH, 67601-3650
628-6175 89101680216
40 M 89101 76 GS

SCHULTZ MD, CHARLES C, 2501 E 13TH ST STE 7, 67601-2764
628-3217 1902831602
54 M 1902 92 GPVS

STADALMAN MD, ROSS E, 2501 E 13TH STE 7, 67601-2764
628-3217 1902731101
47 M 1902 74 GS

STUMP MD, HARL G, 105 W 13TH, 67601-3650
625-2551 1902650926
39 M 1902 66 GS

TAN MD, LOURDES R, 208 E 7TH, 67601-4117
628-2871 74809670248
34 F 74811 88 P

TILLMAN JR D O, DONALD K, 2714 PLAZA AVE, 67601-1922
625-7546 1175860335
59 M 1175 0 D

TIMMONS MD, BRET A, 2509 CANTERBURY RD, 67601-0000
628-6151 576900457
60 M 0 0 FP

VILLARANTE MD, FE T, 201 E 7TH, 67601-4152
628-8251 74807630800
28 F 74807 0 PM

WATTS MD, HARRY E, 2922 HILLCREST DR, 67601-1716
0 702540712
27 M 702 60 OO

WEBER MD, WALLACE N, 2707 VINE STE 10, 67601-1908
628-3231 1902691061
43 M 1902 70 D

WERTH MD, DARRELL D, PO BOX 1176, 67601-1176
628-6014 1902753008
50 M 1902 76 U

WILCOX JR MD, HOWARD L, PO DRAWER 430, 67601-0430
628-8221 1902701237
44 M 1902 71 ORS

WOODS MD, GREGORY A, 2818 VINE, 67601-1927
628-8221 1902831980
56 M 1902 84 ORS

WRIGHT MD, MICHAEL J, 2501 E 13TH ST STE 2, 67601-2731
625-6521 0
59 M 1902 92 DR

HAYSVILLE — 316
(Sedgwick County Medical Society)

MAGSALIN MD, ROMULO D, 141 N MAIN, 67060-1202
529-2151 74808661792
40 M 74808 78 PATH

HERINGTON — 913
(Dickinson County Medical Society)

BUSTOS MD, JONAS G, 1005 NORTH B, 67449-1600
258-3705 74810680478
41 M 74810 76 GS

HESSTON — 316
(Harvey County Medical Society)

DIENER MD, CLAYTON H, 101 W VESPER, 67062-8927
327-4122 1902540225
18 M 1902 54 GS

YODER MD, VERNON E, ROUTE #1 BOX 136A, 67062-9425
283-2400 4812611017
31 M 4802 68 P

HIAWATHA — 913
(Northeast Kansas Medical Society)

DUCKETT MD, THOMAS G, 201 MIAMI, 66434-2018
0 1902340111
10 M 1902 34 OO

HAYES MD, KRIS A, 200 DELAWARE, 66434-2112
742-2131 1902790825
54 M 1902 81 GS

KETTER MD, IVAN C, 314 OREGON ST, 66434-2218
742-2161 1902870918
60 M 1902 0 FP

LARSON MD, DELBERT L, 314 OREGON, 66434-2218
742-2161 1803640510
30 M 1803 66 FP

LUNDQUEST MD, DAVID E, 300 UTAH, 66434-2314
742-2131 1902831076
54 M 1902 86 PATH

SEARIGHT MD, LOWELL R, PO BOX 316, 66434-0316
742-3523 1902810915
48 M 1902 88 FP

SINNING MD, GARY, 314 OREGON, 66434-2218
742-2161 1902741778
49 M 1902 77 FP

HILL CITY — 913
(Central Kansas Medical Society)

REDDY MD, B N, 114 E WALNUT, 67642-1722
674-2191 49557670024
38 M 49557 80 TR

REDDY MD, P JAGANNADHA, 80 WALNUT DR, 67642-2239
674-2191 49511660024
42 M 49511 73 GS

HILLSBORO — 316
(McPherson County Medical Society)

ENS MD, GERHARD G, 405 S WILSON, 67063-1827
0 1902550379
20 M 1902 55 OO

HOISINGTON — 316
(Barton County Medical Society)

MOORE MD, ROBERT, 1015 N MAIN ST, 67544-1745
0 3901530504
22 M 3901 53 OO

HOLTON — 913
(Shawnee County Medical Society)

CHAVEZ MD, CARLOS A, 418 W 5TH, 66436-1506
364-3116 64914560011
33 M 64914 0 GP

HARTER MD, TERRY L, 418 W 5TH, 66436-1506
364-2126 1902870713
57 M 1902 90 FP

HUTCHINS MD, JOEL R, 418 W 5TH PO BOX 466, 66436-0466
364-2126 1902830908
49 M 1902 84 FP

HORTON — 913
(Northeast Kansas Medical Society)

FRANCISCO MD, EDGARDO, PO BOX 6, 66439-0006
486-2646 74808570665
31 M 74802 0 GP

HOXIE — 913
(Northwest Kansas Medical Society)

NEUENSCHWANDER MD, JOHN, PO BOX 258, 67740-0258
675-3292 2802510619
26 M 2802 52 FP

NEUENSCHWANDER MD, JOHN RAND, PO BOX 258, 67740-0258
675-3292 1902720878
47 M 1902 73 FP

HUGOTON — 316
(Seward County Medical Society)

LENEVE MD, ROBERT T, 209 S JEFFERSON ST, 67951-2527
0 3901460387
21 M 3901 51 OO

HUMBOLDT — 316
(Southeast Kansas Medical Society)

NEEF MD, DOUG STEVENS, 202 S 9TH, 66748-1908
473-2275 2803840761
57 M 2803 85 FP

HUTCHINSON — 316
(Reno County Medical Society)

BARKER MD, STANTON L, 2101 N WALDRON ST, 67502-1197
669-2512 1902790108
54 M 1902 82 FP

BAUER MD, THOMAS A, 2101 N WALDRON ST, 67502-1197
669-2500 1902670030
41 M 1902 68 IM

BLITZ MD, ROGER, 2020 N WALDRON ST, 67502-1193
663-6780 2105630088
38 M 2105 0 ORS

BORRA MD, MARIO J, 2802-B NOTTINGHAM DR, 67502-2592
0 2401470134
24 M 2401 54 OO

BOS MD, NORMAN C, 2606 N VANBUREN, 67502-2016
0 1611470211
24 M 1611 61 OO

BRAUN MD, STEVEN D, 2101 N WALDRON ST, 67502-1131
0 1902870241
61 M 1902 90 RO

CARLSON MD, ERIC A, 2101 N WALDRON ST, 67502-1131
669-2500 1902880221
62 M 1902 92 ON

CASEY MD, JAMES L, 1100 N MAIN, 67501-4406
669-6715 3005690080
42 M 3005 77 PD

CULLAN MD, GEORGE E, 2101 N WALDRON ST, 67502-1131
669-2500 3006831124
53 M 3006 0 OBG

DAVIS MD, W D, 1100 N MAIN ST, 67501-4406
669-6690 1902700192
44 M 1902 0 FP

DEMSKI MD, STANLEY L, 2101 N WALDRON ST, 67502-0000
669-2500 0
40 M 2012 94 ORS

DEPENBUSCH MD, FRANCIS L, 1708 E 23RD, 67502-1114
663-7187 1902650179
38 M 1902 66 OPH

DOBBS MD, MICHAEL E, 1100 N MAIN ST, 67501-4406
669-6690 4802750469
49 M 4802 90 OBG

ECKART MD, DE MERLE E, 2517 E 45TH, 67502-1601
0 1902400181
14 M 1902 40 OO

FALTER MD, RICHARD T, 1708 E 23RD ST, 67502-1114
663-7187 1902670200
38 M 1902 68 OPH

FAST D O, JAMES I, 1100 N MAIN, 67501-4406
669-6690 0
50 M 1676 91 FP

FESEN MD, MARK R, 2101 N WALDRON ST, 67502-1131
669-2500 3306871446
59 M 3306 0 ON

FOSS MD, DANIEL C, 2101 N WALDRON ST, 67502-1131
669-2500 1902690375
43 M 1902 70 GE

FRIESEN MD, DOUGLAS A, 1701 E 23RD AVE, 67502-1105
665-2107 1902830673
55 M 1902 83 AN

GILLAN JR MD, DALE E, 1100 N MAIN ST, 67501-4406
669-2500 1902780668
53 M 1902 79 GS

GRAVES MD, KATHRYN, 2101 N WALDRON ST, 67502-1197
669-2500 1902742146
49 F 1902 76 D

GRINIS MD, GEDAS M, 2101 N WALDRON ST, 67502-1197
669-2500 2834830551
56 M 2834 0 U

HALE MD, RALPH, 37 LINKSLAND DR, 67502-8979
0 1902460183
18 M 1902 46 OO

HEDRICK MD, KENNETH E, 36 LINKSLAND DR, 67502-8951
0 1902530360
27 M 1902 53 OO

HOLCOMB MD, MURRAY A, 2101 N WALDRON ST, 67502-1131
669-2500 1902860866
60 M 1902 0 GS

HOLDERMAN MD, WALLACE D, 815 E 56TH, 67502-8720
0 1902540471
28 M 1902 54 OO

ISSINGHOFF MD, CHAD J, 2101 N WALDRON ST, 67502-1197
669-2500 1902830932
55 M 1902 0 PD

JARROTT MD, JOHN B, 3003 N MONROE ST, 67502-2333
0 1902400300
16 M 1902 40 OO

JOHNSON MD, RANDLE C, 1100 N MAIN ST, 67501-4406
663-2151 1902720673
46 M 1902 77 IM

KENNING MD, GERALD F, 17 BEECHWOOD LN, 67502-1802
669-8917 3006820483
54 M 3006 85 AN

KLOSTERHOFF MD, BRUCE E, 1715 E 23RD AVE, 67502-1188
665-2240 1611711073
45 M 1611 72 P

LESSER MD, DANE A, 2101 N WALDRON ST, 67502-1197
669-2500 3901750784
49 M 3901 81 U

LOMASNEY MD, PATRICK J, 2101 N WALDRON ST, 67502-1131
669-2500 1720821717
55 M 1720 0 IM

MALLONEE MD, WILLIAM M, 2101 N WALDRON ST, 67502-1131
669-2500 3901820987
51 M 3901 0 N

MCCOY MD, CHARLES T, 100 N MAIN ST STE 813, 67501-5259
0 1902410402
16 M 1902 41 OO

MCKEE MD, GARY S, 2101 N WALDRON ST, 67502-1197
669-2500 1902831203
57 M 1902 0 R

MCMULLEN MD, JOSEPH E, 2101 N WALDRON ST, 67502-1131
669-2578 1902620563
33 M 1902 63 GS

MILLS MD, STEPHEN C, 1100 N MAIN ST, 67501-4406
669-6690 3901700663
44 M 3901 87 DR

MULL MD, JOHN C, 2101 N WALDRON ST, 67502-1131
669-2500 1902610606
34 M 1902 0 OBG

NANNEY MD, GREGORY D, 1100 N MAIN ST, 67501-4406
669-6690 3901811210
55 M 3901 86 HEM

NEUSCHAFER MD, DARREL R, 2101 N WALDRON ST, 67502-1197
669-2500 1902740801
48 M 1902 0 OBG

NUNEMAKER MD, MARION E, PO BOX 1129, 67504-1129
0 1902460451
21 M 1902 46 OO

PAULY MD, TIMOTHY R, 2101 N WALDRON ST, 67502-1131
669-2500 1902821488
56 M 1902 85 FP

PEASE MD, GARY L, 1712 E 23RD AVE, 67502-1195
662-4458 3005670585
41 M 3005 77 OTO

PERKINS MD, JACK L, 9 PRAIRIE DUNES DR, 67502-8787
0 1902530645
24 M 1902 53 OO

RAO MD, MEENA, 2101 N WALDRON ST, 67502-0000
669-2500 49509810019
57 F 49509 93 PD

RATE MD, PEGGY S, 2101 N WALDRON ST, 67502-1131
669-2500 1902730423
46 F 1902 0 PD

RATE MD, ROBERT G, 2101 N WALDRON ST, 67502-1197
669-2500 1902730920
47 M 1902 0 IM

RICHMAN MD, DANA R, 4 OAKWOOD LN, 67502-1800
669-2500 1902831548
54 M 1902 91 FP

RICHMAN MD, DAVID S, 2101 N WALDRON ST, 67502-1131
669-2500 1902831556
57 M 1902 0 FP

RODGERS MD, CHRISTOPHER P, 2101 N WALDRON ST, 67502-1131
669-2500 1902810664
55 M 1902 0 FP

SAVAGE MD, W RICHARD, 1100 N MAIN ST, 67501-4406
669-6690 3901741068
48 M 3901 0 IM

SAYLOR MD, RANDEL L, 2101 N WALDRON ST, 67502-1197
669-2500 1720803247
53 M 1720 85 OPH

SCHEEL MD, BRADLEY J, 1100 N MAIN ST, 67501-4406
663-2151 1902742006
48 M 1902 0 GER

SCHEKALL MD, MICHAEL J, 2101 N WALDRON ST, 67502-0000
669-2500 3006870839
60 M 3006 90 DR

SELLERS D O, SCOTT, 107 ROADRUNNER LN, 67502-0000
663-4264 2879850366
68 M 2879 0 FP

SHEARS MD, ROBERT N, 1100 N MAIN, 67501-4406
0 1902441359
20 M 1902 44 OO

SMITH MD, THOMAS W, 1712 E 23RD AVE, 67502-1195
662-4458 1643680722
43 M 1643 80 OTO

SOURK MD, ROBERT L, 2101 N WALDRON ST, 67502-1197
669-2500 1902771413
52 M 1902 0 IM

SPENCER MD, JOHN P, 1905 E 23RD AVE, 67502-0000
663-4500 0
43 M 1611 0 CD

SPITZER MD, JEROME S, 1100 N MAIN ST, 67501-4406
669-6690 3005590611
33 M 3005 0 FP

STAFFORD MD, ROBERT W, 2101 N WALDRON ST, 67502-1131
669-2500 2101691091
43 M 2101 74 IM

STOUT MD, JAMES M, 3918 N MISSION DR, 67502-1131
0 1902551111
29 M 1902 55 OO

STRANGE MD, BRIAN H, 2101 N WALDRON, 67502-0000
669-2500 0
50 M 1205 94 OPH

SUMNER MD, JOYCE R, 3011 NUTMEG LN APT B, 67502-2967
0 1902510768
26 F 1902 51 OO

SUMNER MD, MARION M, 3011 NUTMEG LN APT B, 67502-2967
0 1902520674
26 M 1902 52 OO

TANKSLEY MD, JOHN A, 2020 N WALDRON ST, 67502-0000
663-6780 2701781417
53 M 2701 92 ORS

TAYLOR MD, ELWYN J, 6500 N PLUM, 67502-4847
0 1902610797
34 M 1902 62 OO

TISDALE MD, TERRANCE C, 2020 N WALDRON ST, 67502-1193
663-6780 6701610499
36 M 6701 0 ORS

TWEITO MD, DAVID H, 2101 N WALDRON ST, 67502-1197
669-2500 1803640889
38 M 1803 69 PD

VARNEY MD, DAWN M, 1701 E 23RD ST, 67502-0000
665-2000 0
52 F 3905 93 NM

WESLEY MD, MICHAEL R, 2101 N WALDRON ST, 67502-1131
669-2500 1902801291
54 M 1902 0 FP

WOODS MD, DENNIS D, 2101 N WALDRON ST, 67502-1131
669-2500 1902861994
60 M 1902 87 IM

WORTMAN MD, JACK A, 2101 N WALDRON ST, 67502-1197
669-2500 1902620938
34 M 1902 63 IM

INDEPENDENCE — 316
(Southeast Kansas Medical Society)

APGAR MD, ROBERT G, PO BOX 964, 67301-0964
331-6113 3306800034
49 M 3306 93 GS

ATWOOD MD, LARRY C, PO BOX 314, 67301-0314
331-8610 1902800057
54 M 1902 80 FP

BARBERA MD, PORTER E, 700 E BIRCH ST, 67301-4326
0 4707460046
19 M 4707 47 OO

DUTTON MD, KARRI D, PO BOX 748, 67301-0748
331-2806 0
64 F 4814 93 PD

ELLIS MD, BOBBY J, P O BOX 1043, 67301-1043
331-7390 1902770450
51 M 1902 89 IM

EMPSON MD, CHARLES L, PO BOX 848, 67301-0848
331-6019 1902680256
37 M 1902 68 FP

KNUTH MD, KENNETH L, 2900 TERRA VISTA DR, 67301-1536
331-2200 1902500371
22 M 1902 50 R

PHIPPS MD, RONNY, PO BOX 843, 67301-0843
331-7901 512792472
64 M 512 82 FP

SHAH MD, ASHOK H, PO BOX 944, 67301-0944
331-0177 49548680173
41 M 49548 0 OBG

UMLAUF D O, EDWARD S, PO BOX 988, 67301-0988
331-0100 0
52 M 3875 92 IM

WOSICK MD, WILLIAM F, PO BOX 388, 67301-0388
331-2200 0
55 M 3737 93 DR

IOLA — 316
(Allen County Medical Society)

BILLINGSLEY JR MD, JOHN A, 517 N WALNUT ST, 66749-2247
0 1902580090
31 M 1902 59 OO

SINGER MD, GLEN D, 201 WEST ST, 66749-2825
365-3115 1902771359
49 M 1902 0 FP

WOLFE MD, BRIAN D, 201 WEST ST, 66749-2825
365-3115 1902792135
53 M 1902 0 FP

JUNCTION CITY — 913
(Geary County Medical Society)

BOLLMAN MD, CHARLES S, PO BOX 397, 66441-0397
762-4575 3901660122
41 M 3901 74 GS

BRETHOUR MD, LESLIE J, 207 S EVED, 66441-3431
238-4151 3006390136
13 M 3006 41 FP

CRAIG MD, THOMAS A, 1106 ST MARY'S RD STE 204, 66441-4158
762-4255 1902780412
53 M 1902 81 IM

DARABANT MD, TITUS E, 1106 ST MARY'S RD STE 201, 66441-4158
762-7655 78103640058
38 M 78103 0 GP

HAMEL MD, GREGORY L, 1106 ST MARY'S RD STE 202, 66441-4158
762-6040 1902820678
56 M 1902 85 FP

LOCHAMY MD, RICHARD E, 1106 ST MARY'S RD #306, 66441-0000
762-6543 64903880081
55 M 64914 0 IM

MACE MD, RONALD D, 1106 ST MARY'S RD STE 305, 66441-4158
762-4884 3901740738
42 M 3901 75 FP

SCOTT MD, ALEX, 835 W 5TH PO BOX 1087, 66441-1087
0 5605480448
23 M 5605 50 OO

TRUE MD, JOHN H, 1106 ST MARY'S RD STE 103, 66441-0000
238-2663 0
41 M 2803 94 ORS

KANOPOLIS — 913
(Central Kansas Medical Society)

KEPKA MD, DENNIS J, PO BOX 132, 67454-0132
472-3184 56101750871
43 M 56101 93 FP

KANSAS CITY — 913
(Wyandotte County Medical Society)

ALEXANDER MD, CHARLES E, 21 N 12TH ST STE 400, 66102-5174
321-3355 401700013
43 M 401 74 OBG

ALLEGRE MD, ANN, 155 S 18TH ST #275, 66102-5654
321-0341 1902771715
50 F 1902 78 IM

ALLIN MD, DENNIS M, 3901 RAINBOW BLVD, 66160-7328
588-6500 1902830029
57 M 1902 0 EM

ANANTH MD, PERIAPATNA, 51 N 12TH ST, 66102-0000
281-8839 49509820120
58 M 49509 90 AN

APPELBAUM MD, JAMES, 21 N 12TH ST STE 300, 66102-0000
621-0101 1902860041
60 M 1902 93 N

ARAKAWA MD, KASUMI, 3901 RAINBOW BLVD, 66160-7415
588-6670 57249530010
26 M 57211 64 AN

ARDINGER JR MD, ROBERT H, 3901 RAINBOW BLVD, 66160-7330
588-6311 518830040
56 M 518 90 PDC

ARNOLD MD, PAUL M, 3901 RAINBOW BLVD, 66160-0000
588-7587 0
58 M 1611 93 NS

ASHER MD, MARC A, 3901 RAINBOW BLVD, 66160-7387
588-6130 1902620024
36 M 1902 63 ORS

ATOR MD, GREGORY A, 3901 RAINBOW BLVD, 66160-7380
588-6713 4804850070
57 M 4804 92 NOTO

AUSTENFELD MD, MARK S, 3901 RAINBOW BLVD, 66160-7390
588-7566 1902830100
53 M 1902 89 U

BAEKE JR MD, JOHN L, 21 N 12TH #200, 66102-0000
281-0033 0
57 M 1902 0 PS

BARTHOLOME MD, WILLIAM G, 3901 RAINBOW BLVD, 66160-7311
588-7042 1902690065
44 M 1902 70 PD

BATNITZKY MD, SOLOMON, 3901 RAINBOW BLVD, 66160-7234
588-6835 83601640077
40 M 83601 77 DR

BAXTER MD, KIRKMAN G, 3901 RAINBOW BLVD, 66160-7234
588-6810 1902830207
57 M 1902 85 DR

BEATTY MD, ROBERT M, 8919 PARALLEL PKY #331, 66112-1655
299-9507 4901780094
52 M 4901 91 NS

BECKER MD, LESLIE E, 9201 PARALLEL PKWY, 66112-1549
299-8000 1003460033
23 M 1003 65 U

BENSON MD, KIRK T, 3901 RAINBOW BLVD, 66160-7415
588-6670 1902790183
54 M 1902 80 AN

BERGANT MD, JAMES A, 21 N 12TH ST #300, 66102-5174
621-0101 0
43 M 1902 92 U

BERGIN MD, JAMES J, 51 N 12TH ST, 66102-5177
281-8767 2407540045
28 M 2407 76 IM

BOLING MD, J MARK, 8919 PARALLEL PKY #314, 66112-1655
299-6936 0
58 M 1902 0 P

BOLINGER MD, ROBERT E, 3901 RAINBOW BLVD, 66160-7376
588-6063 1902430110
19 M 1902 43 END

BOSILEVAC MD, FRED N, 155 S 18TH STE 217, 66102-5644
342-4843 1902440174
16 M 1902 44 OPH

BRACKETT JR MD, CHARLES E, 460 TERRACE TRAIL E, 66106-9505
0 3501440123
20 M 3501 52 OO

BRILLHART MD, MAXINE T, 4540 COUNTY LINE RD, 66106-3745
0 1902500096
15 F 1902 50 OO

BROOKS MD, WILLIAM H, 155 S 18TH STE 101, 66102-5644
371-4343 1902742219
49 M 1902 78 R

CALDERON MD, JAIME, 155 S 18TH ST #275, 66102-5174
261-1000 26401660231
39 M 26401 75 CD

CALKINS MD, JOHN W, 3901 RAINBOW BLVD, 66160-7316
588-6236 1902760250
51 M 1902 76 OBG

CARPENTER MD, PAUL R, 155 S 18TH STE 290, 66102-5654
371-6800 1902500126
24 M 1902 50 GS

CHAFFEE MD, TERRY L, 3901 RAINBOW BLVD, 66160-7415
588-6670 1902790361
53 M 1902 0 AN

CHALIAN MD, ALEXANDER R, 2648 MINNESOTA AVE, 66102-4024
0 3509370141
3 M 3509 57 OO

CHANG MD, C H JOSEPH, 3901 RAINBOW BLVD, 66160-7234
588-6807 58301530011
29 M 58301 71 R

CHENG MD, KOON-LIM, 51 N 12TH ST, 66102-0000
281-8839 24402730397
50 M 24402 93 AN

CHERNOFF MD, MARY A, 8929 PARALLEL PKY, 66112-1636
596-4100 1902831181
56 F 1902 84 AN

CHEUNG MD, LAURENCE Y, 3901 RAINBOW BLVD, 66160-7385
588-6101 38503680014
44 M 38503 91 GS

CHIN MD, TOM D, 3901 RAINBOW BLVD, 66160-7313
588-2772 2501460233
22 M 2501 73 ID

CHO MD, CHENG T, 3901 RAINBOW BLVD, 66160-7330
588-6336 38501620081
37 M 38501 74 PD

CHONKO MD, ARNOLD M, 3901 RAINBOW BLVD, 66160-7382
588-6074 3840690244
43 M 3840 74 NEP

COVILLO D O, FREDERICK V, 8919 PARALLEL PKY STE 550, 66112-1655
334-7756 2878780925
49 M 2878 0 GS

COX III MD, IRA L, 155 S 18TH STE 101, 66102-5644
371-4343 1902680183
43 M 1902 69 DR

COX MD, GLENDON G, 3901 RAINBOW BLVD, 66160-7234
588-6800 1902800243
55 M 1902 84 DR

CULP MD, LOUIS M, 8919 PARALLEL PKY STE 208, 66112-1655
334-6801 1902530211
24 M 1902 53 FP

CUPPAGE MD, FRANCIS E, 3901 RAINBOW BLVD, 66160-7410
588-7070 3840590312
32 M 3840 68 PATH

DADKHAH MD, NADER, 1428 S 32ND, 66106-0000
384-1630 1902870438
57 M 1902 0 IM

DAHL MD, DAVID C, 51 N 12TH, 66102-5161
281-8881 4101801646
59 M 1645 90 EM

DAILY MD, DONNA K, 3901 RAINBOW BLVD, 66160-7330
588-5900 0
44 F 1902 78 PD

DALE MD, DENNIS M, 21 N 12TH ST, 66102-0000
621-0101 0
56 M 2105 94 PM

DANIELS MD, HERBERT A, 21 N 12TH ST #200, 66102-5161
281-5500 4002750215
46 M 4002 86 ENT

DAVIS MD, CHRISTOPHER G, 1006 N WASHINGTON BLVD, 66102-4047
0 1902390118
9 M 1902 40 OO

DAVIS MD, DIRK B, 3901 RAINBOW BLVD, 66160-1415
588-6670 1902890315
61 M 1902 93 AN

DAVIS MD, PAULA J, 3901 RAINBOW BLVD, 66160-0001
588-1937 1803761368
51 F 1803 0 FP

DELCORE MD, ROMANO, 3901 RAINBOW BLVD, 66160-7308
588-6183 1902810974
57 M 1902 84 GS

DEMOTT MD, WAYNE R, 8929 PARALLEL PKY, 66112-1636
596-4724 4002590102
34 M 4002 68 PATH

DUJOVNE MD, CARLOS A, 3901 RAINBOW BLVD, 66160-7320
588-6061 13201610405
37 M 13201 73 IM

DULIN MD, JOSE I, 21 N 12TH #300, 66102-0000
621-0101 84711750061
51 M 84711 81 IM

DUNN MD, MARVIN I, 3901 RAINBOW BLVD, 66160-7378
588-6015 1902540241
27 M 1902 54 CD

EL-SHIEKH MD, BRENDA, 3901 RAINBOW BLVD, 66160-0000
588-1936 0
57 F 4102 93 FP

EMAMI MD, ABBAS, 3901 RAINBOW BLVD, 66160-7330
588-6340 51703710135
45 M 51703 0 PD

EMORY MD, JEFF, 51 N 12TH, 66102-5177
281-8881 0
60 M 2846 91 EM

ERENBERG MD, ALLEN, 3901 RAINBOW BLVD, 66160-7330
588-6339 1611670415
43 M 1611 0 PD

ESTES MD, NORMAN C, 3901 RAINBOW BLVD, 66160-7308
588-6150 1902710350
40 M 1902 84 GS

FABIAN MD, CAROL J, 3901 RAINBOW BLVD, 66160-0000
588-7791 0
46 F 1902 93 ON

FARO MD, SEBASTIAN, 3901 RAINBOW BLVD, 66160-7316
588-6200 3006750949
41 M 3006 92 OBG

FORSTER MD, JAMESON, 3901 RAINBOW BLVD, 66160-7308
588-6183 4101801646
52 M 4101 89 GS

FOX MD, DEANNA K, 3901 RAINBOW BLVD, 66160-7415
588-6670 1902741531
48 F 1902 76 AN

FRANCISCO MD, W DAVID, 3901 RAINBOW BLVD, 66160-0001
588-6129 1902440531
21 M 1902 44 ORS

GABRIELLI JR MD, WILLIAM F, 3901 RAINBOW BLVD, 66160-7341
588-6400 1902870616
55 M 1902 89 P

GARRISON D O, KYLE D, 677 S 55TH ST, 66106-0000
287-1414 2878860791
57 M 2878 94 FP

GILHOUSEN MD, FREDERIC M, 8919 PARALLEL PKY STE 270, 66112-1655
788-7111 1902660336
40 M 1902 67 ORS

GLADDEN MD, JOSEPH R, 3901 RAINBOW BLVD, 66160-0000
588-1908 1902801223
54 M 1902 82 FP

GOLLUB MD, STEVEN B, 3901 RAINBOW BLVD, 66160-7378
588-6015 1205780404
53 M 1205 80 CD

GOTO MD, HIROSHI, 3901 RAINBOW BLVD, 66160-7415
588-6670 57241670025
42 M 57241 76 AN

GRANTHAM MD, JARED J, 3901 RAINBOW BLVD, 66160-7382
588-6074 1902620300
36 M 1902 69 NEP

GREENBERGER MD, N J, 3901 RAINBOW BLVD, 66160-7350
588-6001 3806590249
33 M 3806 72 IM

GREENE MD, LAWRENCE S, 8919 PARALLEL STE 206, 66612-0000
788-7099 3506540231
33 M 3506 81 GE

GRUENDEL MD, RICHARD A, 6926 GARFIELD AVE, 66102-0000
0 1902550441
29 M 1902 55 OO

GRUENDEL MD, VIRGINIA T, 6926 GARFIELD AVE, 66102-0000
0 1902550450
30 F 1902 55 OO

HADDENHORST MD, ANN M, 155 S 18TH ST, 66102-0000
621-1000 702890446
63 F 702 94 IM

HANCOCK MD, ALAN C, 9201 PARALLEL, 66112-1549
299-1474 1902640343
35 M 1902 65 FP

HARA MD, GLENN S, 3901 RAINBOW BLVD, 66160-7316
588-6241 514690278
43 M 514 73 OBG

HART MD, KELLY Z, 155 S 18TH STE 101, 66102-5644
371-4343 1902752133
50 M 1902 76 DR

HARWOOD MD, MICHAEL R, 155 S 18TH STE 275, 66102-0000
621-1000 1611811311
55 M 1611 87 IM

HENDRICKS MD, K DWIGHT, 8919 PARALLEL PKY STE 226, 66112-1655
299-8800 1611791212
53 M 1611 80 OPH

HERMRECK MD, ARLO S, 3901 RAINBOW BLVD, 66160-7308
588-7232 1902650390
38 M 1902 66 GS

HIEBERT MD, JOHN M, 3901 RAINBOW BLVD, 66160-7389
588-2000 2405670341
42 M 2405 80 PS

HILD MD, PETER G, 3901 RAINBOW BLVD, 66160-7415
588-6670 4802830772
57 M 4802 89 AN

HINTHORN MD, DANIEL R, 3901 RAINBOW BLVD, 66160-7354
588-3974 1902670404
41 M 1902 68 ID

HITE MD, PAMELA R, 3901 RAINBOW BLVD, 66160-0000
588-6504 1803880561
57 F 1803 92 EM

HOADLEY MD, WILLIAM D, 3901 RAINBOW BLVD, 66160-7377
588-3974 1902560536
31 M 1902 56 IM

HOLDCRAFT MD, JACQUELYNE, 155 S 18TH #160, 66102-5644
321-1161 2105630487
36 F 2105 68 ENT

HOLLADAY MD, FRANK P, 8919 PARALLEL PKY STE 455, 66112-1655
299-9507 3006801250
53 M 64914 88 NS

HOLMES MD, FREDERICK F, 3901 RAINBOW BLVD, 66160-7350
588-6005 5404570350
32 M 5404 69 IM

HOLMES MD, GRACE E, 3901 RAINBOW BLVD, 66160-7330
588-2773 5404570368
32 F 5404 68 PD

HOOVER MD, LARRY A, 3901 RAINBOW BLVD, 66160-7380
588-6720 3840710512
44 M 3840 90 OTO

HUERTER MD, OUENTIN C, 8919 PARALLEL PKY STE 226, 66112-1655
299-8800 1902590401
31 M 1902 60 OPH

HULL MD, LUELLEN, 8919 PARALLEL PKY #332, 66112-1655
788-9797 0
60 F 2803 91 OBG

HUTCHISON MD, MICHAEL C, 3901 RAINBOW BLVD, 66160-7415
588-6670 1902780854
53 M 1902 80 AN

IBARRA MD, RICHARD C, 754 PACIFIC, 66101-3714
0 64902570258
26 M 64902 63 OO

INGRAM MD, JOHN E, 1428 S 32ND, 66106-2160
384-1630 3006560317
24 M 3006 57 FP

JAHANIAN MD, DARYOUSH, 8919 PARALLEL PKY #304, 66112-1655
334-5420 51701640318
40 M 51701 74 OBG

JAYARAM MD, MARANDAPALLI R, 8919 PARALLEL PKY STE 416, 66112-1655
299-3700 49509650135
42 M 49509 73 PD

JETER MD, JOHN, 3901 RAINBOW BLVD, 66160-0000
588-6504 1902810435
55 M 1902 82 EM

JEWELL MD, WILLIAM R, 3901 RAINBOW BLVD, 66160-7308
588-6112 1611610838
35 M 1611 72 GS

JOHNSON MD, CYNDA A, 3901 RAINBOW BLVD, 66160-7370
588-1908 514770760
51 F 514 77 FP

JOHNSON MD, DAVID B, 4601 ORVILLE #5, 66102-3607
596-1313 2002790672
54 M 2002 0 FP

JOHNSON-GIANNOPOULOS MD, NADINE, 8919 PARALLEL PKY STE 325, 66112-1655
299-8846 1803630565
38 F 1803 0 IM

KERBY MD, GERALD R, 3901 RAINBOW BLVD, 66160-7381
588-6044 1902580499
32 M 1902 62 PUD

KHARE MD, PRATIBHA, 8929 PARALLEL PKY, 66112-1636
596-4100 49547710028
47 F 0 78 AN

KIM MD, JONG M, 3901 RAINBOW BLVD, 66160-7415
588-6670 58303640221
40 M 58302 74 AN

KINDSCHER MD, JAMES D, 3901 RAINBOW BLVD, 66160-7415
588-6670 1902820945
55 M 1902 83 AN

KOVAC MD, ANTHONY L, 3901 RAINBOW BLVD, 66160-7415
588-6670 1902770816
52 M 1902 81 AN

KRAMER MD, GARY M, 21 N 12TH ST #300, 66102-5174
621-0101 1601851420
57 M 1601 0 ORS

KRANTZ MD, KERMIT E, 3901 RAINBOW BLVD, 66160-7316
588-6201 1606480799
23 M 1606 59 OBG

KWEE MD, SIOE T, 8929 PARALLEL PKY, 66112-1636
596-4723 1720630750
36 F 1720 70 PATH

KYNER MD, JOSEPH L, 3901 RAINBOW BLVD, 66160-7318
588-6048 1902600384
34 M 1902 61 IM

LAING MD, ROBERT R, 21 N 12TH #200, 66102-5644
281-0033 1643610431
37 M 1643 62 GE

LAMBERT MD, KENNETH J, 1217 N 5TH ST, 66101-0000
342-4211 0
59 M 401 92 OBG

LARSON MD, MARK W, 3901 RAINBOW BLVD, 66160-7370
588-1908 1902901872
56 M 1902 89 FP

LAWWILL MD, THEODORE, 3901 RAINBOW BLVD, 66160-7303
588-6605 4705610296
37 M 4705 80 OPH

LEE MD, JAMES G, 121 S TREMONT ST, 66101-3843
0 1902440867
18 M 1902 44 OO

LEE MD, JAE M, 155 S 18TH #290, 66102-5654
371-6800 58302650118
40 M 58302 74 GS

LEE MD, KYO R, 3901 RAINBOW BLVD, 66160-7234
588-6800 58302590107
33 M 58302 73 R

LEHMAN MD, SAMUEL R, 21 N 12TH ST #300, 66102-0000
621-0101 0
45 M 5501 94 N

LEVINE MD, ERROL, 3901 RAINBOW BLVD, 66160-7234
588-6800 83601640191
41 M 83601 77 DR

LEVINE MD, JOSEPH M, 3901 RAINBOW BLVD, 66160-7415
588-6670 1902861056
60 M 1902 90 AN

LIEBERMAN MD, BRUCE IRWIN, 3901 RAINBOW BLVD, 66160-7330
588-5919 3843740218
49 M 3819 79 PD

LINDGREN MD, TIBERIO F, 21 N 12TH ST #300, 66102-0000
621-0101 0
52 M 56111 94 ON

LINDSLEY MD, CAROL B, 3901 RAINBOW BLVD, 66160-7330
588-6325 5404680848
41 F 5404 74 PD

LINDSLEY MD, HERBERT B, 3901 RAINBOW BLVD, 66160-7317
588-6009 1902660611
40 M 1902 74 RHU

LIU MD, ALBERT T, 8919 PARALLEL PKY STE 322, 66112-1655
788-9797 1902791171
49 M 1902 80 OBG

LIU MD, CHIEN, 3901 RAINBOW BLVD, 66160-7354
588-6035 24217470036
21 M 24217 59 ID

LUDWIG MD, LEE V, 155 S 18TH STE 290, 66102-5644
371-6800 1902810907
54 M 1902 91 GS

LUKERT MD, BARBARA P, 3901 RAINBOW BLVD, 66160-7318
588-6048 1902600422
34 F 1902 61 END

MACDOUGALL MD, MARGARET L, 3901 RAINBOW BLVD, 66160-7382
588-6074 1902771723
48 F 1902 82 NEP

MANI MD, MANI M, 3901 RAINBOW BLVD, 66160-7389
588-6142 49527590131
37 M 49527 74 PS

MARTIN MD, NORMAN L, 3901 RAINBOW BLVD, 66160-7234
588-6800 1902620512
36 M 1902 63 DR

MATHEWSON MD, HUGH S, 3901 RAINBOW BLVD, 66160-7415
588-3341 1902440964
21 M 1902 44 AN

MATTIOLI MD, LEONE, 3901 RAINBOW BLVD, 66160-7330
588-6311 56115560013
32 M 56115 69 PDC

MCCARTHY MD, ROBERT P, 8919 PARALLEL STE 231, 66112-1655
334-9003 2834530719
25 M 2834 54 U

MCCULLOCH MD, DAWNA L, 51 N 12TH, 66102-5161
281-8881 0
63 F 2846 90 EM

MCLEAN MD, THOMAS R, 21 N 12TH ST #200, 66102-5161
281-0033 0
56 M 1602 92 CDTS

MEBUST MD, WINSTON K, 3901 RAINBOW BLVD, 66160-7390
588-6146 5404580398
33 M 5404 66 U

MEYER MD, MARK C, 3901 RAINBOW BLVD, 66160-7370
588-1908 1902891231
61 M 1902 89 FP

MILLER MD, DENNIS W, 600 NEBRASKA STE 102, 66101-2219
621-4001 4707750583
49 M 4707 82 OBG

MOELLER MD, DONALD D, 4631 ORVILLE AVE #111, 66102-3647
287-0004 1902600546
34 M 1902 61 GE

MOLOS MD, MARK A, 8919 PARALLEL STE 206, 66112-0000
788-7099 2846810415
57 M 2846 88 IM

MOORE MD, WAYNE V, 3901 RAINBOW BLVD, 66160-7330
588-6326 2604701786
42 M 2604 74 PD

MORFFI MD, RAUL R, 8919 PARALLEL PKY STE 206, 66112-1655
788-7099 27501510799
25 M 27501 67 IM

MUNNS MD, STEPHEN W, 3901 RAINBOW BLVD, 66160-7387
588-6133 1803791186
53 M 1803 0 ORS

MURRAY MD, JANE L, 3901 RAINBOW BLVD, 66160-7370
588-1900 514771014
51 F 514 86 FP

NELSON MD, JOHN B, 8919 PARALLEL PKY STE 203, 66112-1655
788-5800 2846750188
48 M 2846 78 PUD

NIBBELINK MD, LARRY W, 8919 PARALLEL PKY STE 440, 66112-1655
299-2229 2846750196
48 M 2803 79 OBG

NOBLE MD, MARK J, 3901 RAINBOW BLVD, 66160-7390
588-6148 2501751459
49 M 2501 81 U

NORRIS MD, CHARLEY W, 3901 RAINBOW BLVD, 66160-7380
588-6700 1902640688
33 M 1902 65 OTO

O'BOYNICK II MD, PAUL LEONARD, 3901 RAINBOW BLVD, 66160-7383
588-6118 1902730822
48 M 1902 79 NS

O'DONNELL MD, HELEN M, 3901 RAINBOW BLVD, 66160-0000
588-1908 3546801704
44 F 3546 94 PM

OLSON MD, NANCY Y, 3901 RAINBOW BLVD, 66160-7330
588-6325 2846820801
58 F 2846 0 A

PALAZZOLO MD, MICHAEL J, 3901 RAINBOW BLVD, 66160-7330
588-5919 0
59 M 2834 91 PD

PARDO MD, LILLIAN G, 3901 RAINBOW BLVD, 66160-7330
588-6371 74802620903
39 F 74802 79 PDN

PAREKH MD, AJITKUMAR M, 6013 LEAVENWORTH RD, 66104-1498
299-2069 49501710091
47 M 49501 77 PUD

PAREKH MD, MADHAVI A, 6013 LEAVENWORTH RD, 66104-0000
299-2069 49501710341
47 F 49501 85 FP

PARRA MD, DANIEL C, 6013 LEAVENWORTH RD, 66104-1498
299-2069 84703750108
43 M 84703 83 FP

PARRA MD, MICHAEL M, 6013 LEAVENWORTH RD, 66104-0000
299-2069 1902901147
63 M 1902 94 FP

PARRA MD, MIGUEL D, 6013 LEAVENWORTH RD, 66104-1498
299-2069 84710640245
37 M 84710 70 FP

PARRISH MD, STEVEN, 51 N 12TH, 66102-0000
281-8881 5104871137
61 M 5104 89 EM

PERRY JR MD, LAWRENCE L, 3901 RAINBOW BLVD, 66160-7370
588-1908 1902590699
34 M 1902 73 FP

PIERCE MD, GEORGE E, 3901 RAINBOW BLVD, 66160-7373
588-6128 2307600466
33 M 2307 72 TS

PORTER MD, DAVID M, 4517 TROUP, 66102-0000
287-8800 4707640508
39 M 4707 69 PD

POTTER MD, ROBERT L, 155 S 18TH ST #275, 66102-5654
321-0341 1902640726
38 M 1902 64 IM

POWERS MD, G ROBERT, 8919 PARALLEL PKY STE 416, 66112-1655
299-3700 1902650705
33 M 1902 67 FP

PRESTON MD, DAVID F, 3901 RAINBOW BLVD, 66160-7234
588-6810 3841590588
33 M 3841 74 NM

PRETZ MD, JAMES B, 1300 N 81ST ST, 66112-2109
0 1902470481
24 M 1902 47 OO

PRIETO MD, JORGE N, 6013 LEAVENWORTH RD, 66104-1498
299-2069 26401690068
45 M 26401 76 GS

PUGH MD, DAVID M, 3901 RAINBOW BLVD, 66160-7378
588-6015 801580530
29 M 801 64 CD

QUINN MD, CHARLES E, 21 N 12TH ST STE 400, 66102-5174
321-3355 4707680500
43 M 4707 75 OBG

QUINN MD, JOHN M, 21 N 12TH ST STE 400, 66102-5174
492-3443 2846810512
57 M 2846 87 PS

RALSTIN MD, JAMES H, 6013 LEAVENWORTH RD, 66104-1498
299-2069 1902742341
49 M 1902 78 IM

RAMBERG MD, STEVEN M, 1428 S 32RD ST, 66106-0000
384-1630 1902821569
51 M 1902 94 FP

RECKLING MD, FREDERICK W, 3901 RAINBOW BLVD, 66160-7387
588-6129 3545590475
34 M 3545 66 ORS

REDMON DO, MARY L, 3901 RAINBOW BLVD, 66160-7370
588-1908 2878830370
44 F 2878 0 FP

REEB MD, RONALD J, 155 S 18TH ST STE 101, 66102-5644
371-4343 3006720870
46 M 3006 79 DR

RHODES MD, JAMES B, 3901 RAINBOW BLVD, 66160-7350
588-6019 1902580766
28 M 1902 66 GE

RIDGWAY MD, LOUIS E, 3901 RAINBOW BLVD, 66160-7316
588-6250 0
58 M 2101 92 OBG

ROBINSON MD, RALPH G, 3901 RAINBOW BLVD, 66160-7234
588-6805 1902620768
37 M 1902 63 NM

RODRIGUEZ MD, HECTOR D, 21 N 12TH ST #300, 66102-0000
621-0101 64914748440
52 M 64914 94 IM

ROGERS MD, BECKY J, 3901 RAINBOW BLVD, 66160-7358
588-6337 1902771600
52 F 1902 0 NPM

ROSENTHAL MD, HOWARD G, 3901 RAINBOW BLVD, 66160-7387
588-6198 0
59 M 301 91 ORS

ROSENTHAL MD, STANTON J, 3901 RAINBOW BLVD, 66160-0001
588-6800 1902710953
46 M 1902 72 DR

ROTH MD, ALAN E, 51 N 12TH ST, 66102-5161
281-8815 1902620776
35 M 1902 63 PATH

ROTHEMICH MD, STEPHEN F, 3901 RAINBOW BLVD, 66160-7370
588-1908 0
63 M 5104 93 FP

RUBLE MD, REBECCA A, 3901 RAINBOW BLVD, 66160-7370
588-1908 1902821666
56 F 1902 90 FP

SCHIMKE MD, R NEIL, 3901 RAINBOW BLVD, 66160-7318
588-6043 1902620806
35 M 1902 63 IM

SCHLOERB MD, PAUL R, 3901 RAINBOW BLVD, 66160-7308
588-7565 3545440465
19 M 3545 55 GS

SCHROEDER MD, JOEL, 51 N 12TH, 66102-0000
281-8881 0
64 M 2846 0 EM

SCHWEGLER MD, RAYMOND A, 8919 PARALLEL PKY STE 416, 66112-1655
299-8000 1902630747
37 M 1902 64 CD

SCHWORM MD, CURTIS P, 155 S 18TH ST STE 101, 66102-5644
371-4343 3005730863
47 M 3005 77 DR

SHAW MD, PAMELA K, 3901 RAINBOW BLVD, 66160-7330
588-5919 1902861544
60 F 1902 89 PD

SIMPSON MD, KAREN M, 3901 RAINBOW BLVD, 66160-0000
588-6008 1902821755
50 F 1902 82 RHU

SINGH MD, GURINDER, 155 S 18TH ST #220, 66102-0000
321-7327 0
52 M 49529 94 OPH

SMITH MD, DEBRA L, 3901 RAINBOW BLVD, 66160-7330
588-6340 2846830858
58 F 2846 92 PD

SMITH MD, MARGARET L, 3901 RAINBOW BLVD, 66160-7370
588-1908 2834831328
55 F 2834 84 FP

SNYDER MD, THOMAS E, 3901 RAINBOW BLVD, 66160-7316
588-6243 1902731098
47 M 1902 82 OBG

SOUCEK MD, CHARLES D, 155 S 18TH STE 101, 66102-5644
371-4343 3005560682
31 M 3005 64 R

SPEER MD, LELAND, 910 N WASHINGTON BLVD, 66102-4045
0 1902360511
12 M 1902 36 OO

SPIEKER MD, JOHN B, 3901 RAINBOW BLVD, 66160-7415
588-6670 4802861635
57 M 4802 90 AN

STECHSCHULTE MD, DANIEL J, 3901 RAINBOW BLVD, 66160-7317
588-6008 2834620921
36 M 2834 73 A

STEELE MD, CLARENCE H, 8009 NEBRASKA AVE, 66112-2138
0 1902400474
14 M 1902 40 OO

STEER MD, PHYLLIS L, 3901 RAINBOW BLVD, 66160-7415
588-6670 1902851778
57 F 1902 89 AN

STEHR MD, CHRISTIAN H, 51 N 12TH, 66102-0000
281-7774 1643670786
41 M 1606 0 AN

STEWART MD, DANIEL L, 3901 RAINBOW BLVD, 66160-7316
588-6222 1902871663
61 M 1902 93 OBG

STUBBLEFIELD MD, CHARLES T, 8919 PARALLEL PKY STE 440, 66112-1655
299-2229 1902580936
32 M 1902 59 OBG

THEROU MD, LEONA F, 3901 RAINBOW BLVD, 66160-7330
588-5908 6701670190
41 F 6701 71 PD

THOMAS MD, ELIZABETH H, 3901 RAINBOW BLVD, 66160-0000
588-6670 4816870173
61 F 4816 92 AN

THOMAS MD, JAMES H, 3901 RAINBOW BLVD, 66160-7308
588-6115 2012660629
41 M 2012 75 GS

THOMAS MD, THOMAS V, 8919 PARALLEL PKY STE 550, 66112-1655
334-7676 49549610021
37 M 49549 72 CDTS

THOMPSON MD, DANNIE M, 21 N 12TH ST STE 400, 66102-5174
321-3355 4707640583
35 M 4707 68 OBG

TICKLES MD, DEBRA F, 8919 PARALLEL PKY STE 326, 66112-1655
299-8300 1902841829
56 F 1902 89 PD

TIOJANCO MD, REYNALDO R, 6013 LEAVENWORTH RD, 66104-1498
299-2069 74801652437
44 M 0 65 FP

TOBY MD, EDWARD B, 3901 RAINBOW BLVD, 66160-7387
588-6134 1720812688
55 M 1720 91 ORS

TORLINE MD, RONALD L, 3901 RAINBOW BLVD, 66160-7415
588-6670 1902841837
58 M 1902 85 AN

TRUEWORTHY MD, ROBERT C, 3901 RAINBOW BLVD, 66160-7330
588-6340 2802660742
40 M 2802 73 PD

TUCKER MD, VIRGINIA L, 3901 RAINBOW BLVD, 66160-7330
588-5908 1902570965
30 F 1902 57 PD

UNRUH MD, GREGORY K, 3901 RAINBOW BLVD, 66160-7415
588-6670 1902810923
55 M 1902 82 AN

VAIL MD, BELINDA A, 3901 RAINBOW BLVD, 66160-7370
588-1908 1902870322
54 F 1902 87 FP

VATS MD, TRIBHAWAN S, 3901 RAINBOW BLVD, 66160-7330
588-6340 49529630033
40 M 49529 75 PD

VORAN MD, DAVID A, 3901 RAINBOW BLVD, 66160-7370
588-1908 1902881782
50 M 1902 88 FP

WAXMAN MD, STEVE W, 3901 RAINBOW BLVD, 66160-7390
588-6146 0
60 M 1902 93 U

WEATHERSTONE MD, KATHLEEN B, 3901 RAINBOW BLVD, 66160-7330
588-6337 1902831904
54 F 1902 90 PD

WEED MD, JOHN C, 3901 RAINBOW BLVD, 66160-7316
588-6244 2101681231
43 M 2101 86 GYN

WEIGEL MD, JOHN W, 3901 RAINBOW BLVD, 66160-7390
588-6147 1902540977
29 M 1902 54 U

WETZEL MD, LOUIS H, 3901 RAINBOW BLVD, 66160-7234
588-7894 1902821950
56 M 1902 84 DR

WILKINSON MD, STEVEN B, 3901 RAINBOW BLVD, 66160-7383
588-6107 2846850760
60 M 2846 92 N

WILLIAMSON JR, MD,MARK B, 21 N 12TH ST, 66102-0000
621-0101 4706822017
56 M 4706 94 ORS

WILSON MD, DAVID B, 3901 RAINBOW BLVD, 66160-7378
588-6015 4706801001
54 M 4706 81 CD

WISE MD, JOSEPH E, 8919 PARALLEL PKY STE 326, 66112-1655
299-8300 1902761582
51 M 1902 0 PD

WOLF MD, KARL T, 6500 GREELEY AVE #305, 66104-2647
0 1902480541
14 M 1902 48 OO

ZINN MD, THOMAS W, 155 S 18TH STE 101, 66102-5644
371-4343 1902671001
41 M 1902 68 R

KANSAS CITY, MO — 816

AHMED MD, IFTEKHAR, 2900 BALTIMORE #390, 64108-3407
756-2651 89519740019
45 M 0 0 N

BAKER MD, GARY L, 2801 WYANDOTTE, 14140-0000
561-1414 2802770092
51 M 2802 89 PS

BARNTHOUSE MD, JOSEPH R, 6675 HOLMES #430, 64131-0000
444-7515 0
58 M 1902 91 PS

BRADLEY MD, JAMES K, 2900 BALTIMORE #650, 64108-0000
561-6277 0
51 M 1205 80 PUD

BRUMMETT MD, RICHARD R, 2300 MAIN ST STE #1090, 64108-2415
221-8400 1902640084
34 M 1902 65 FP

CHAVES MD, ENRIOUE, 2401 GILLHAM RD, 64108-0000
234-3000 3901630118
36 M 3901 0 PDN

CHRISTENSEN MD, SHANE R, 4822 RIDGEWAY CT, 64133-2451
281-8881 2846790074
55 M 1902 83 EM

CISKEY MD, WILLIAM J, 5050 OAK ST APT 612, 64106-3521
0 1902730253
47 M 1902 74 FP

CULLAN MD, SAMUEL K, 5600 NE ANTIOCH RD, 64119-2377
861-7600 0
54 M 3006 0

DAVIS MD, RICHARD E, 1010 W 56TH, 64113-1113
0 1902540209
26 M 1902 54 OO

DEITZ MD, MICHAEL R, 3101 BROADWAY ST #990, 64105
561-2224 4101580216
32 M 4101 62 OPH

DEVINS MD, GEORGE S, 6700 TROOST #520, 64131-4401
0 0
36 M 1902 62 IM

GALL MD, CLIFFORD M, 4320 WORNALL RD STE 328, 64111-0000
931-1150 2401850590
57 M 2401 91 NS

GODFREY MD, WILLIAM A, 4320 WORNALL RD STE 714, 64111-3210
561-2289 1902650284
38 M 1902 66 OPH

GORTON MD, MICHAEL E, 4320 WORNALL RD STE 50-II, 64111-0000
931-7743 0
61 M 1902 93 CD

GRAHAM MD, J ROBERT, 8880 WARD PKY, 64114-2756
333-9700 1902701342
43 M 1902 0 FP

HANSON MD, E JEROME, 4320 WORNALL RD STE 328, 64111-0000
931-1150 0
43 M 4101 75 NS

HATHAWAY MD, PETER, 1010 CARONDELET DR #220, 64114-4822
941-2121 3503600195
31 M 3503 74 IM

HOPKINS MD, JAMES P, 6700 TROOST AVE #240, 64131-4401
523-7811 0
22 M 2407 85

HORNIG MD, GREGORY W, 4320 WORNALL RD STE 328, 64111-0000
931-1150 0
49 M 3841 86 NS

HUNKELER MD, JOHN D, 4321 WASHINGTON ST #6000, 64111-5900
0 0
41 M 1902 85 OPH

KAHN JR MD, NORMAN B, 8880 WARD PKY, 64114-0000
333-9700 0
47 M 1902 91 FP

KANAREK MD, HENRY J, 6724 TROOST #304, 64131-0000
822-8555 0
55 M 0 93 PDA

KEPES MD, JOHN J, 6612 BROOKLYN, 64132-0000
0 47301520146
28 M 47301 62 OO

KINDRED MD, LYNN H, 4321 WASHINGTON AVE STE 4000, 64111-0000
531-5510 0
37 M 1902 0 CD

KINPORTS SR MD, EDWARD B, PO BOX 1823, 64141-0000
0 1602420309
15 M 1602 77 OO

KLEMM MD, J MARTIN, 4320 WORNALL RD #702, 64111-3210
561-2524 1902780943
53 M 1902 80 P

MATHEWS MD, DAVID R, HBC #3 PO BOX 9627, 64134-0627
966-5011 1902781150
53 M 1902 80 FP

MCINTEE MD, RAE A, 225 W DARTMOUTH RD, 64113-2509
363-7652 0
57 F 3006 91 OTO

PAYNE MD, J RALPH, 4460 ROCKHILL TER, 64110-1541
596-4180 1902660808
40 M 1902 67 EM

REIVICH MD, RONALD S, 1000 E 50TH ST #270, 64110-2215
822-0297 3806600601
34 M 3806 66 P

RISING MD, JESSE D, 10000 WORNALL RD #2107, 64114-4363
0 1902380481
14 M 1902 38 OO

SCHLOZMAN MD, DANIEL L, 6420 PROSPECT STE T303, 64132-1188
333-1919 0
38 M 1902 0 PM

SCHUKMAN MD, JAY S, 4435 MAIN STE 810, 64111-0000
531-6300 1902752737
50 M 1902 76 FP

THALBLUM MD, HARVEY, 6400 PROSPECT STE 310, 64132-1179
523-2400 0
39 M 1103 0 R

UTLEY MD, JAMES HARMON, 4951 WESTWOOD TER, 64112-1159
281-8881 1606741941
51 M 1606 77 EM

WOLFF MD, FREDERICK P, 10000 WORNALL RD #1117, 64114-4361
0 1902441600
20 M 1902 44 OO

YOST JR MD, JOHN G, 6420 PROSPECT STE T207, 64132-1187
444-9000 0
53 M 3005 0 ORS

ZARR MD, JAMES S, 6675 HOLMES ST #410, 64131-1167
276-7035 2803811108
55 M 2803 86 PM

KINGMAN — 316
(Ninnescah Medical Society)

BOYER MD, ROBERT E, PO BOX 273, 67068-0273
262-7400 1902620059
36 M 1902 63 FP

BURKET JR MD, GEORGE E, RR 1 BOX 159A, 67068-9652
0 1902370125
12 M 1902 37 OO

KINSLEY — 316
(Iroquois County Medical Society)

ATWOOD MD, M DALE, 409 ELIZABETH AVE, 67547-1243
0 1902510032
19 M 1902 51 OO

SCHNOEBELEN MD, RENE E, 416 E 4TH, 67547-1212
659-2141 3901400384
16 M 3901 46 FP

KIOWA — 316
(Ninnescah Medical Society)

CHRISTENSEN MD, MARION D, 220 S 8TH, 67070-0000
824-4121 3901520100
25 M 3901 94 FP

STRANATHAN D O, SIDNEY W, 220 S 8TH, 67070-0000
825-4121 0
47 M 2878 80 FP

LA CROSSE — 913
(Barton County Medical Society)

BHARGAVA MD, ASHOK KUMAR, PO BOX 490, 67548-0490
222-2564 49547640119
37 M 49547 78 FP

LAKIN — 316
(Southwest Kansas Medical Society)

WAMSLEY MD, CRAIG A, 506 THORPE BOX 744, 67860-9604
355-7550 1902872104
58 M 1902 0 FP

LANSING — 913
(Leavenworth County Medical Society)

BALIDO MD, ALBERTO J, PO BOX 2, 66043-0000
727-3235 0
44 M 30803 92 GP

GRAHAM MD, KENNETH L, 1517 W EISENHOWER RD, 66043-0000
0 3840450243
21 M 3840 48 OO

JONES MD, JANA D, 617 N MAIN, 66043-1371
727-2300 1902890862
62 F 1902 92 IM

LARNED — 316
(Barton County Medical Society)

COOK MD, KAROLYN M, 804 CARROLL, 67550-2426
285-6958 0
61 F 1902 90 FP

COOK MD, THEODORE R, 804 CARROLL, 67550-2426
285-6958 1902870411
61 M 1902 90 FP

CRAM JR MD, OLE R, 915 W 6TH, 67550-2827
0 1902430233
18 M 1902 43 OO

SHAH MD, MIAN MUKARRAM, SHAH CLINIC PO BOX 30, 67550-0030
285-3173 16002580032
32 M 70403 76 GS

SHAH MD, NASREEN, SHAH CLINIC PO BOX 30, 67550-0030
285-3173 70409620068
39 F 70409 76 OBG

LAWRENCE — 913
(Douglas County Medical Society)

BAILEY MD, WILLIAM A, PO BOX 1898, 66044-8898
843-9125 1902660051
40 M 1902 67 ORS

BEACH MD, RICHARD R, 324 WOODLAWN DR, 66049-1838
0 2802480043
23 M 2802 54 OO

BELOT JR MD, MONTI L, 647 MASSACHUSETTS ST STE 201, 66044-2292
843-3640 1902400032
13 M 1902 40 FP

BIERI MD, PETER V, 1548 ELDORADO DR, 66047-1612
841-5217 1902710066
45 M 1902 93 ENT

BOYDEN MD, MARY S, 4004 TRAIL RD, 66049-4112
842-3778 2604390144
14 F 2604 42 PDA

BRANSON MD, VERNON L, 346 MAINE ST, 66044-1394
842-4477 1902420076
17 M 1902 42 PD

BRUNFELDT MD, JOAN KRAUS, 404 MAINE ST, 66044-1397
842-3635 1902770204
52 F 1902 78 IM

BUCK JR MD, HENRY W, WATKINS MEM HOSP, 66045-0001
864-9500 1902600121
34 M 1902 61 OBG

BURGESS MD, ARTHUR P, PO BOX 826, 66044-0826
0 1902520101
19 M 1902 52 OO

BURT MD, RONALD J, 2323 RIDGE CT, 66046-0000
865-5300 1902840326
47 M 1902 86 FP

CHEDIAK MD, ELIAS, 601 MISSOURI ST, 66044-2361
841-7430 84704650344
39 M 84704 71 P

CULVER MD, WARREN T, 3506 W 10TH ST, 66049-3225
0 3508460251
20 M 3508 67 OO

DENNING MD, DALE P, 346 MAINE ST, 66044-1394
842-6644 1902820422
56 M 1902 83 IM

DENNING MD, PATRICIA M, WATKINS HLTH CENTER, 66045-0001
864-8500 1902821208
56 F 1902 83 IM

DILLON MD, STEVEN C, 3310 CLINTON PARKWAY CT, 66047-2632
842-7200 1902780510
53 M 1902 82 IM

DINSDALE MD, ROBERT C, 1112 W 6TH ST STE 216, 66044-2249
841-1107 4812840415
58 M 4812 90 OTO

DUNLAP MD, RICHARD L, 711 SUNSET DR, 66044-2435
842-4344 3005370247
12 M 3005 38 EENT

FLOERSCH MD, HUBERT M, 1222 ORCHARD CT, 66049-4433
0 1902350124
8 M 1902 35 OO

FORTIN MD, DAVID, 1112 W 6TH ST #108, 66044-2249
841-3211 1902700397
44 M 1902 0 R

FRIESEN MD, DALE, 308 MAINE ST, 66044-1359
842-7026 1902740305
47 M 1902 75 AN

FULBRIGHT MD, THOMAS W, 1112 W 6TH ST STE 210, 66044-2249
865-5995 1902850542
56 M 1902 90 FP

GILLES MD, HELEN M, 1301 IOWA ST, 66044-2161
0 1902450277
22 F 1902 45 OO

GLEASON MD, JEFFREY J, 545 COLUMBIA DR, 66049-0000
823-1424 1902890552
63 M 1902 93 OBG

GODWIN MD, PHILLIP A, 500 ROCKLEDGE, 66049-2561
841-6540 1902550425
28 M 1902 55 AN

HAGGAN MD, MARGARET E, 1746 N H ST, 66044-4252
0 2501420355
0 F 2501 69 OO

HASSELLE III MD, JAMES E, 346 MAINE ST, 66044-1394
841-1243 4706590621
35 M 4706 69 P

HATTON MD, DONALD W, 404 MAINE ST STE 3, 66044-1397
842-3635 1902680353
42 M 1902 69 IM

HIEBERT MD, DAVID L, 2009 CAMELBACK DR, 66047-2129
842-6201 1902610371
36 M 1902 62 R

HIEBERT MD, JOHN B, 404 MAINE ST, 66044-1397
841-3636 1902680370
40 M 1902 72 CD

HOFFMAN MD, J PHILIP, 404 MAINE ST, 66044-1397
842-3635 1902780811
53 M 1902 0 IM

HOFFMANN MD, MARY A, 543 LAWRENCE AVE STE D, 66049-4217
799-2994 2846780311
54 F 2846 80 ORS

INGHAM JR MD, H LAIRD, 404 MAINE STE 3, 66044-1397
842-3635 3901700540
45 M 3901 73 IM

JOHNSON MD, CAROLYN N, 545 COLUMBIA DR, 66049-0000
832-1424 1902881685
62 F 1902 93 OBG

JONES MD, H PENFIELD, 346 MAINE, 66044-1394
0 2401310650
6 M 2401 33 GS

JOSEPH MD, HOWARD F, 805 SUNSET DR, 66044-2433
0 1902510377
26 M 1902 51 OO

KENNEDY MD, L ELAINE, 404 MAINE, 66044-1397
842-3635 1902820929
55 F 1902 0 IM

LANGE MD, MARY P, 346 MAINE, 66044-1394
832-2020 2846850701
61 F 2846 89 OPH

LANGE MD, MICHAEL, 308 MAINE ST, 66044-1359
842-7026 1902851034
59 M 1902 0 AN

LEARNED MD, GEORGE R, 401 ARKANSAS, 66044-1338
843-5502 1902550701
22 M 1902 56 GS

LOVELAND MD, G CHARLES, 346 MAINE, 66044-1394
842-4477 1902730695
47 M 1902 74 PD

MADSEN MD, GLENN L, 1112 W 6TH, 66044-2215
841-3211 3005650479
38 M 3005 68 R

MANAHAN MD, G EUGENE, 2129 TERRACE RD, 66049-2736
0 1902440913
19 M 1902 44 OO

MCGINNESS MD, MARILEE K, 1112 W 6TH STE 204, 66044-2249
843-2010 3905820116
54 F 3905 88 GS

MODDRELL MD, CAROL A, 325 MAINE, 66044-1360
749-6100 1902710023
45 F 1902 72 PATH

MYRICK MD, STEPHEN W, 346 MAINE, 66044-1394
842-6644 1902771049
52 M 1902 78 GS

O'NEAL MD, LYNN W, 1112 W 6TH #202, 66044-2249
841-2280 1902771111
51 M 1902 86 OPH

ORCHARD MD, RICHARD A, 1112 W 6TH STE 202, 66044-2249
841-2280 2802680549
41 M 2802 74 OPH

OSBERN MD, LIDA, 404 MAINE, 66044-1397
842-3635 1902771120
52 F 1902 77 IM

PHIPPS MD, CARLA B, 500 ROCKLEDGE RD, 66049-2561
841-6540 1902851417
55 F 1902 0 FP

PRAEGER MD, MARK A, 1112 W 6TH STE 204, 66044-2249
843-2010 1902680817
42 M 1902 69 GS

PRICE JR MD, LAURANCE W, 2404 ORCHARD LN, 66049-2710
749-6169 1902590711
33 M 1902 60 PATH

REED MD, JAMES S, 1901 UNIVERSITY DR, 66044-4555
0 1902470499
23 M 1902 47 OO

REESE MD, JOHN L, 2417 PRINCETON BLVD, 66049-1625
0 1902610657
35 M 1902 62 OO

ROSS MD, JACK L, 211 E 8TH ST STE A1, 66044-0000
865-2897 4812560781
32 M 4812 63 P

RUNDQUIST MD, BETH, 346 MAINE, 66044-1394
842-4477 1902851549
58 F 1902 0 PD

SANDERS MD, J ALAN, 404 MAINE, 66044-1397
842-2083 1902600716
29 M 1902 62 PATH

SCHROEDER MD, SYDNEY O, 902 W 25TH ST, 66046-4437
0 1902441324
18 M 1902 44 OO

SCHWEGLER MD, RAYMOND A, 1504 UNIVERSITY DR, 66044-3148
0 2604310884
7 M 2604 35 OO

SEGEBRECHT MD, STEPHEN L, 1112 W 6TH ST STE 216, 66044-2249
841-1107 1902800936
55 M 1902 0 OTO

SILER MD, EUGENE T, 4311 QUAIL POINTE RD, 66047-1966
0 1902520607
24 M 1902 52 OO

STACEY MD, KIMBALL, 3201 RIVERVIEW RD, 66049-2019
842-8020 1902792089
48 M 1902 82 IM

STEIN MD, MATTHEW, 3310 CLINTON PARKWAY CT, 66047-2632
842-7200 2803770983
49 M 2803 0 ON

SUPPES MD, KIMBERLY C, 346 MAINE ST, 66044-0000
842-6644 0
62 F 2307 0 GS

VERNON MD, MARY C, 500 ROCKLEDGE RD, 66049-2561
841-6540 1902771529
52 F 1902 78 FP

VIERTHALER MD, STEPHEN L, 545 COLUMBIA DR STE 1001, 66049-2363
832-1424 1902771693
51 M 1902 78 OBG

WELL MD, MICHAEL A, 1112 W 6TH ST STE 106, 66044-2249
749-0639 1606671128
41 M 1606 74 U

WENDT MD, RICHARD G, PO BOX 1898, 66044-8898
843-9125 1902831921
57 M 1902 84 ORS

WERTZBERGER MD, JOHN, PO BOX 127, 66044-0127
843-9125 1902630909
36 M 1902 64 ORS

LEAVENWORTH — 913
(Leavenworth County Medical Society)

ASHKAR MD, ADNAN A, 920 6TH AVE, 66048-3229
682-6818 52801730035
42 M 52801 80 OBG

DALENBERG MD, DALE D, 430 DELAWARE, 66048
682-5955
60 M 0301 89 ORS

DIALLO MD, GASTON I, 113 DELAWARE STE E, 66048-2800
682-9030 86905630182
35 M 86905 75 GE

DUYSAK MD, SAMI, 1126 VILAS ST, 66048-4245
0 90201470471
22 M 90201 0 OO

FLANNER MD, FRANK R, 4512 S 4TH ST TRFY, 66048-0000
727-3111 1902790663
43 M 1902 83 FP

GRISOLIA MD, ANDRES, 210 ELM, 66048-3519
0 84708500011
27 M 84708 63 OO

HALLER MD, CHRIS C, 3601 S 4TH, 66048-0000
651-0003 1902800448
55 M 1902 81 GS

HAMMEKE MD, JOHN C, 1801 FOREST LN, 66048-6603
0 401610308
27 M 401 66 OO

JOHNSON MD, PAUL D, 221 DELAWARE #A, 66048-2823
682-2240 1902610401
36 M 1902 64 FP

JORGENSEN D O, WILLIAM A, MUNSON ARMY HOSP, 66027-0000
684-6351 2878881161
57 M 2878 0 FP

LAWHEAD MD, JEFF D, 500 EISENHOWER, 66048-0000
727-6000 1902841101
57 M 1902 85 FP

MCALLASTER MD, CLAUDIA, 4500 S 4TH, 66048-5022
727-3100 1902771197
52 F 1902 79 PD

MCBRATNEY MD, KATHLEEN R, 4512 S 4TH TRFY, 66048-0000
727-1215 1902831165
57 F 1902 0 FP

MCCOLLUM MD, WILLIAM B, 920 6TH, 66048-3229
682-1466 1902660671
41 M 1902 68 TS

MENDIOLA MD, AMBRIOSIO P, RT 4 BOX 224A, 66048-9428
792-2511 74810671428
39 M 74810 82 EM

MENGEL MD, CHARLES E, 3221 MEADOW RD, 66048-4764
682-2000 2307570362
31 M 2307 88 IM

MERRITT MD, W HENRY, 1808 WESTWOOD DR, 66048-6626
0 702390265
14 M 702 58 OO

MILLS MD, VERNON A, 4514 S 4TH ST TRFY, 66048-0000
727-6046 1902770981
51 M 1902 80 PD

PEARSON MD, MARK A, 920 6TH AVE, 66048-0000
682-8444 1902871345
55 M 1902 92 IM

RABE MD, MELVIN A, 600 S BROADWAY, 66048-2528
0 1902370478
14 M 1902 37 OO

REIFSCHNEIDER D O, JOHN S, 920 6TH AVE, 66048-0000
682-2900 2878810689
54 M 2878 92 OPH

SILVA MD, CATHERINE, 4224 LAKEVIEW DR, 66048-4930
684-6350 1902800961
54 F 1902 90 FP

STEVENS MD, LEAH J, 920 6TH AVE, 66048-3229
682-2424 1902810214
55 F 1902 0 FP

STRUTZ MD, WILLIAM C, 1918 WESTWOOD DR, 66048-6628
682-8868 5606431246
8 M 5606 59 R

VOORHEES MD, CARROLL D, 2510 GIRARD, 66048-4305
0 1902520739
25 M 1902 52 OO

LEBO — 316
(Flint Hills Medical Society)

HUTCHISON MD, JOE R, BOX 303, 66856-0303
256-6346 1902830916
55 M 1902 86 FP

LEOTI — 316
(Central Kansas Medical Society)

SUWANABHAND MD, CHALAW, RR 2 BOX 38, 67861-0000
375-2222 0
32 M 89101 74 FP

LIBERAL — 316
(Seward County Medical Society)

ALLEN MD, RAY E, 2 PLAZA DR, 67901-2743
624-5691 1902630020
37 M 1902 64 IM

CAEDO MD, CARMELITA D, 2401 LILAC DR, 67901-4907
624-1651 74801634196
41 F 74801 77 R

ESTRADA MD, EDMUNDO C, 102 E 11TH, 67901-2723
624-2565 74801671938
43 M 74801 80 GS

GRIMES MD, I ROSS, PO BOX 2856, 67905-2856
624-1676 3901540283
27 M 3901 61 TS

HUNTER MD, E DIANN, 121 E 11TH ST, 67901-2722
624-6111 3901850436
58 F 3901 0 PD

KEATS MD, GRAHAM D, 2202 ROSE LN, 67901-2032
0 0
48 M 6501 0 FP

KOONS MD, JESS W, PO BOX 2886, 67905-2886
624-3841 1902570469
27 M 1902 57 OPH

MOFFAT MD, JOHN D, PO BOX 6007, 67905-0000
624-4946 0
53 M 6506 93 GPVS

PALTOO MD, RAYMOND M, PO BOX 6005, 67901-6005
626-7200 0
45 M 0 92 U

PATRON MD, RICARDO A, PO BOX 2529, 67905-2529
624-3811 74808570207
31 M 74808 83 OBG

PETERSON MD, HUBERT C, PO BOX 1340, 67905-1340
624-1651 401680624
43 M 401 0 PATH

WEI MD, MICHAEL H C, 1410 N WESTERN, 67901-0000
624-0153 0
51 M 6506 0 IM

ZAINALI MD, ASSADOLLAH, PO BOX 1891, 67905-1891
624-1651 51701720249
46 M 51701 79 R

LINDSBORG — 913
(McPherson County Medical Society)

CARLSSON MD, E R, PO BOX 109, 67456-0109
0 1902440271
0 M 1902 0 OO

CLARK MD, DAVID H, 121 W LINCOLN, 67456-0000
227-3371 1902620091
36 M 1902 63 FP

FREDRICKSON MD, DUANE E, 121 W LINCOLN, 67456-2318
227-3371 1902660310
39 M 1902 67 FP

MURFITT MD, MALCOLM C, 125 W STATE, 67456-2116
0 801410375
13 M 801 46 OO

LYNDON — 913
(Franklin County Medical Society)

STOUT MD, NILES M, PO BOX 147, 66451-0147
828-4521 1902500711
16 M 1902 50 FP

LYONS — 316
(Rice County Medical Society)

GRIMES MD, JAMES T, 215 S ST JOHN, 67554-2638
0 1902530319
27 M 1902 53 OO

SIEMENS MD, RICHARD A, 1221 W NOBLE, 67554-3026
257-5124 1902590826
30 M 1902 60 FP

STRINGFIELD MD, SCOTT L, 1221 W NOBLE, 67554-3026
257-5124 1902841756
57 M 1902 88 FP

TALBERT MD, TIMOTHY C, 1221 W NOBLE ST, 67554-3026
257-5124 1902891800
63 M 1902 0 FP

TOBIAS MD, ROGER R, 1221 W NOBLE, 67554-3026
257-5124 1902761400
51 M 1902 82 FP

MANHATTAN — 913
(Riley County Medical Society)

BAKER MD, RICHARD B, 2600 ANDERSON AVE, 66502-2802
537-4200 4113680062
42 M 4113 76 ORS

BAMBARA MD, JOHN F, 1133 COLLEGE AVE, 66502-2700
539-5363 1902751561
46 M 1902 88 PATH

BARLOW MD, JOHN M, 1133 COLLEGE AVE, 66502-2700
539-3504 1102710050
45 M 1102 81 OTO

BIBERSTEIN MD, GREG A, 1133 COLLEGE AVE, 66502-2700
537-9030 1902842248
56 M 1902 0 PD

BOESE MD, KENNETH M, 1825 ALABAMA LN, 66502-2304
0 1902560145
25 M 1902 56 OO

CATHEY MD, ROBERT H, 1133 COLLEGE AVE, 66502-2700
537-4990 1902680167
42 M 1902 69 D

COONROD MD, SCOTT A, 1133 COLLEGE AVE E110, 66502-0000
537-2651 0
62 M 1902 93 IM

CRANE MD, CHARLES H, 3819 EMERALD CIR, 66502-7514
0 3520460151
22 M 3520 62 OO

DEVINE MD, JOHN P, 1133 COLLEGE AVE, 66502-2795
537-8710 1902832251
56 M 1902 0 U

DOUBEK MD, DEBRA L, 2900 AMHERST AVE, 66502-3093
776-9761 1902860491
58 F 1902 87 FP

DURKEE MD, WILLIAM R, 440 OAKDALE DR, 66502-3736
0 1902450234
23 M 1902 45 OO

FISCHER MD, REX R, 1133 COLLEGE AVE, 66502-2700
776-1400 3005600251
34 M 3005 68 OBG

FREEMAN MD, FRED A, 1133 COLLEGE AVE, 66502-2700
537-8710 1902690383
42 M 1902 70 U

GARDNER MD, JAMES D, 1133 COLLEGE AVE, 66502-2700
537-4940 2834710318
43 M 2834 76 IM

HANCOCK MD, DANIEL E, 1133 COLLEGE AVE PO BOX 128, 66502-0002
539-5363 2803710239
45 M 2803 78 PATH

HAUN MD, RUDY T, 1133 COLLEGE AVE BLDG D, 66502-2700
537-8611 1902780781
49 M 1902 82 OBG

HEASTY MD, ROBERT G, 3120 HERITAGE LN #169, 66502-2259
0 3519380411
11 M 3519 46 OO

HENNING JR MD, HAROLD J, 1133 COLLEGE AVE, 66502-2700
537-1414 1902820732
55 M 1902 0 OBG

HINKIN MD, DOUGLAS P, 2900 AMHERST AVE, 66502-3003
776-9761 1902780803
53 M 1902 84 FP

HOLIDAY MD, ALLAN, 2600 ANDERSON AVE, 66502-0000
537-4200 1902862141
57 M 1902 0 ORS

HOSTETTER MD, PHILIP H, 2045 JAY CT, 66502-0000
0 0
17 M 1902 0 OO

JONES MD, WILLIAM T, 2600 ANDERSON AVE, 66502-2802
537-4200 1902752257
50 M 1902 85 ORS

JUBELT MD, HILBERT P, 2010 MEADOWLARK RD, 66502-4559
0 1611431313
19 M 1611 49 OO

KALDOR MD, RICHARD H, 1133 COLLEGE AVE, 66502-2700
539-5363 2401661339
40 M 2401 73 PATH

KIRK MD, THOMAS E, 1133 COLLEGE AVE, 66502-2700
776-3451 3005710463
44 M 3005 76 OPH

KLINGLER JR MD, EUGENE A, 1133 COLLEGE AVE, 66502-2700
539-5341 1902620466
35 M 1902 63 GS

KLOBASA MD, CHARLES L, 225 SOUTHWIND PL, 66502-3123
776-5858 2803750494
49 M 2803 80 CHP

KUMAR MD, NANDA, 1133 COLLEGE AVE, 66502-2700
537-9349 0
0 M 0 0 N

LOWE MD, STANLEY W, 1133 COLLEGE AVE, 66502-2700
776-3451 1902590516
32 M 1902 63 OPH

LYONS JR MD, FRANK C, 1133 COLLEGE AVE, 66502-2700
539-7641 3840700916
44 M 3840 74 DR

MARSHALL MD, RONALD L, 1133 COLLEGE AVE, 66502-2795
537-1414 3005670461
43 M 3005 0 OBG

MCNEIL MD, ELBERT D, 2020 HUNTING AVE, 66502-3638
0 702480337
22 M 702 49 OO

MEEK MD, PALMER F, 1133 COLLEGE AVE E110, 66502-2700
537-2651 1902710716
45 M 1902 71 IM

MOSIER MD, MIKE, 2900 AMHERST AVE, 66502-3003
776-9761 1902771006
52 M 1902 0 FP

MOSIER MD, STEVEN J, 2900 AMHERST AVE, 66502-3003
776-9761 1902680701
49 M 1902 75 FP

MOWRY MD, GERALD L, 1441 ANDERSON AVE, 66502-4030
776-4200 1902530599
26 M 1902 53 OBG

O'DONNELL MD, HARRY E, 1926 LEXINGTON, 66502-7549
0 4113420761
14 M 4113 42 OO

OLNEY MD, ROBERT D, 1133 COLLEGE AVE, 66502-2700
539-7555 3005510553
27 M 3005 59 GS

PAULS MD, DAVID G, 1133 COLLEGE AVE, 66502-2700
539-5341 1902881201
62 M 1902 0

PETERSON D O, PEGGY S, 1133 COLLEGE AVE BOX 128, 66502-2700
539-5363 0
52 F 2878 80 PATH

PETERSON MD, JACK T, 6262 W 59TH AVE, 66502-9798
0 1902500525
25 M 1902 50 OO

PHILIPP MD, JOSEPH T, 1133 COLLEGE AVE BLDG D, 66502-2700
537-7373 1902710881
45 M 1902 72 OPH

ROSE MD, GRAHAM C, 1133 COLLEGE AVE, 66502-2700
537-9030 4706701031
46 M 4706 74 PD

SHEFFIELD MD, MICHAEL A, 1133 COLLEGE AVE, 66502-2700
539-7641 1902821721
55 M 1902 86 DR

SMITH MD, RACHEL S, 1133 COLLEGE AVE, 66502-2700
537-9030 1902851590
58 F 1902 0 PD

STONE MD, G REX, 360 WILDCAT CREEK RD, 66502-9765
0 1902540926
29 M 1902 54 OO

TAYLOR MD, BARBARA D, 1133 COLLEGE AVE, 66502-2700
357-4940 1902751901
50 F 1902 79 IM

TIEMANN MD, WILLIAM H, 1133 COLLEGE AVE, 66502-2700
537-4940 3005670747
42 M 3005 73 FP

VOLKMANN II MD, HARLEY W, 1133 COLLEGE AVE, 66502-2700
539-7641 1902721173
47 M 1902 73 R

WALL MD, KEVIN K, 2900 AMHERST AVE, 66502-3003
776-9761 2101791362
53 M 2101 0 FP

WETZEL MD, MARK, 1133 COLLEGE AVE, 66502-2700
537-2651 1902861927
59 M 1902 0 IM

WIGGLESWORTH MD, ANNE, 1133 COLLEGE AVE BLDG A, 66502-2700
539-4738 1902753016
40 F 1902 79 OBG

WRIGHT MD, KEITH A, 2900 AMHERST AVE, 66502-3093
776-9761 0
53 M 1902 91 FP

MANKATO — 913
(Republic County Medical Society)

KIMBALL MD, RICHARD R, 102 S CENTER, 66956-2202
378-3511 1001720585
45 M 1001 73 FP

MARION — 316
(McPherson County Medical Society)

HODSON MD, DON W, 537 S FREEBORN, 66861-1256
382-3722 1902790914
53 M 1902 0 FP

MARYSVILLE — 913
(Northeast Kansas Medical Society)

ARGO MD, DONALD, 808 N 19TH, 66508-1358
562-2303 3005640058
36 M 3005 65 FP

BROWN MD, RANDALL J, 1902 MAY ST, 66508-1200
562-3942 1902810125
55 M 1902 92 FP

LAWS MD, LEWIS R, 808 N 19TH, 66508-1358
562-2303 1902540535
25 M 1902 54 FP

RYAN MD, JOHN M, 1902 MAY ST, 66508-1200
562-3942 1902811164
47 M 1902 0 FP

UGARTE MD, FERNANDO, 1902 MAY ST, 66508-1200
562-2517 1602650126
42 M 1602 0 GS

MC PHERSON — 316
(McPherson County Medical Society)

BILLINGS MD, THOMAS, 400 W 4TH, 67460-2306
241-5500 1902660107
39 M 1902 67 FP

BRANDSTED MD, ERNEST C, 400 W 4TH, 67460-2306
241-1654 1606440185
18 M 1606 47 OBG

BULLER MD, DAVID L, 400 W 4TH, 67460-2306
241-7400 1902850232
58 M 1902 0 FP

CABRERA MD, ALBERT, 915 N WALNUT, 67460-2439
241-4079 74801553021
30 M 74801 80 GS

CLAASSEN MD, SAMUEL D, 400 W 4TH, 67460-2306
241-7033 1902780323
53 M 1902 79 IM

COLLIER MD, WILLIAM J, 400 W 4TH, 67460-2306
241-1766 3605480097
25 M 3605 59 GS

FERREE MD, RICHARD A, 400 W 4TH, 67460-2306
241-7400 3006760189
51 M 3006 78 FP

FIELDS MD, GALEN W, 333 C -S LAKESIDE DR, 67460-0000
0 1902490228
15 M 1902 49 OO

JOHNSON MD, J RICHARD, 400 W 4TH, 67460-2306
0 1902550603
28 M 1902 55 OO

PIERSON MD, WEIR, 1000 HOSPITAL DR, 67460-2326
241-1445 1902441197
17 M 1902 44 FP

PRICE MD, VAUGHAN C, 1234 N WALNUT ST, 67460-2425
0 4706290376
5 M 4706 32 OO

THOMAS MD, GREGORY M, 400 W 4TH, 67460-2306
241-7400 1902731161
47 M 1902 79 FP

WATSON MD, RICHARD L, 823 N MAIN ST, 67460-0000
241-7788 1902851891
59 M 1902 0 FP

MCLOUTH — 913
(Shawnee County Medical Society)

PALAGANAS-TOSCO MD, AMANDA C, PO BOX 69, 66054-0069
796-6116 74801702132
45 F 74801 86 FP

MEADE — 316
(Iroquois County Medical Society)

FELDMEYER MD, SEELEY T, PO BOX 1030, 67864-1030
873-2112 74811800027
46 M 74811 81 GP

HILL MD, RICHARD H, BOX 709, 67864-0709
0 1902440697
18 M 1902 44 OO

MEDICINE LODGE — 316
(Ninnescah Medical Society)

MEADOR D O, RICHARD W, 710 N WALNUT, 67104-1019
886-5949 0
0 M 0 0

STUCKY MD, DEAN E, 901 N WALNUT, 67104-1052
886-5653 1902600848
33 M 1902 61 FP

MINNEAPOLIS — 913
(Saline County Medical Society)

BARKER MD, STEVEN E, PO BOX 269, 67467-0269
392-2144 1902760098
51 M 1902 77 FP

WEDEL MD, KENNETH D, PO BOX 269, 67467-0269
392-2144 1902600937
32 M 1902 61 FP

WEDEL MD, KERMIT G, PO BOX 269, 67467-0269
392-2144 1902600945
32 M 1902 61 FP

MINNEOLA — 316
(Iroquois County Medical Society)

STEPHENS D O, G MARCUS, PO BOX 97, 67865-0097
885-4202 2878840189
57 M 2878 85 FP

STEPHENS MD, CHARLES, BOX 97, 67865-0097
885-4202 2803580319
33 M 2803 60 FP

MONTEZUMA — 316
(Ford County Medical Society)

SCHOWENGERDT MD, ANDREW W, PO BOX 384, 67867-0384
846-2251 1902881472
62 M 1902 93 FP

MOUNDRIDGE — 316
(Harvey County Medical Society)

KAUFMAN MD, WILLARD E, PO BOX 957, 67107-0957
0 1902530459
28 M 1902 53 OO

LOGANBILL MD, VARDEN J, PO BOX 640, 67107-0640
345-6322 1902540560
26 M 1902 54 FP

MULVANE — 316
(Sedgwick County Medical Society)

CARRO MD, ANTONIO L, 410 E MAIN ST, 67110-1732
777-0101 1902850305
57 M 1902 87 FP

COBB MD, LESLIE H, RR 1 BOX 196, 67110-9754
0 4804470129
17 M 4804 49 OO

HUFFORD MD, DAVID W, 410 E MAIN ST, 67110-1732
777-0101 0
58 M 1902 86 FP

MCKERRACHER MD, ROBERT D, 10 LAKE DR, 67110-1011
0 3901550742
27 M 3901 56 OO

NEODESHA — 316
(Southeast Kansas Medical Society)

BARRETT MD, BRADLEY H, PO BOX 315, 66757-0315
325-3055 1902830177
57 M 1902 0 FP

CHRONISTER MD, BERT, PO BOX 118 806 MAIN, 66757-0118
325-2622 1902640122
38 M 1902 65 FP

MOORHEAD JR MD, F ALLEN, 709 MAIN BOX 180, 66757-1634
325-2200 1902650624
39 M 1902 66 FP

NESS CITY — 913
(Central Kansas Medical Society)

IMSEIS MD, MIKHAIL Y, 722 E LOCUST, 67560-1726
798-2203 91502750068
50 M 33004 0 G

NEWTON — 316
(Harvey County Medical Society)

ALLEN MD, FRANCES A, 1112 BOYD, 67114-1573
0 1902430012
15 F 1902 43 OO

BATES MD, MICHAEL N, 215 S PINE ST STE 302, 67114-3763
283-4153 1902751587
50 M 1902 77 OBG

BECK MD, WILLIAM R, 203 E BROADWAY ST, 67114-2223
283-2800 1902830223
55 M 1902 87 OPH

BOGNER MD, PAUL F, 203 E BROADWAY ST, 67114-2223
283-2800 1902770158
52 M 1902 80 GS

BROOKS D O, CYNTHIA J, 203 E BROADWAY, 67114-0000
283-2800 3979890311
62 F 3979 94 IM

BROOKS MD, RICHARD J, 203 E BROADWAY, 67114-2223
283-2800 2846890125
64 M 2846 94 IM

CARPER MD, OWEN E, 5 SYCAMORE CT, 67114-6311
283-8522 1902640106
37 M 1902 65 FP

CLAASSEN MD, MILTON A, 201 S PINE ST, 67114-3745
283-3600 1902580189
32 M 1902 59 ORS

CRAIG MD, CHARLES C, 203 E BROADWAY ST, 67114-2223
283-2800 1902710252
45 M 1902 72 ORS

ENNS MD, EUGENE K, 6 INDIAN LN, 67114-4342
0 1902400199
15 M 1902 40 OO

FENT II MD, LEE S, 201 S PINE ST, 67114-3745
283-3600 1902700354
44 M 1902 70 PD

FENT MD, LEE S, 701 E 5TH ST, 67114-3011
0 82834430617
14 M 2834 44 OO

FRUECHTING MD, LYNNE A, 201 S PINE ST, 67114-3745
283-3600 1902850933
59 F 1902 88 PD

GLOVER II MD, RICHARD M, 203 E BROADWAY ST, 67114-3703
283-2800 1902872147
56 M 1902 0 FP

GLOVER MD, RICHARD M, 203 E BROADWAY ST, 67114-2223
283-2800 1902530297
21 M 1902 53 FP

GOERING MD, RANDALL V, 203 E BROADWAY, 67114-2223
283-2800 1902840644
58 M 1902 85 FP

GRISWOLD MD, DALE G, 1500 TERRACE DR, 67114-6316
0 1902530327
27 M 1902 53 OO

HAMM MD, ORVAL L, 1004 LORNA LN, 67114-3745
0 1902490261
23 M 1902 49 OO

HEINRICHS MD, DANIEL J, 1901 E 1ST ST, 67114-5010
283-2400 4002560289
29 M 4002 89 P

ISAAC MD, CHARLES A, 203 E BROADWAY ST, 67114-2223
283-2800 1902490341
25 M 1902 49 U

JANTZ MD, JONATHAN W, 201 S PINE ST, 67114-3745
283-3600 2802830613
55 M 2802 89 PD

KLIEWER MD, VERNON L, PO BOX 467, 67114-0467
283-2400 1606570585
31 M 1606 58 PA

KUMAR MD, SURINDER, 201 S PINE ST, 67114-3745
283-3600 49512690016
46 M 1902 78 OBG

LINDHOLM MD, GERALD R, 203 E BROADWAY ST, 67114-2223
283-2800 1902760772
51 M 1902 78 FP

MOORE MD, JAMES E, 1901 E 1ST ST, 67114-5010
283-2400 1902740480
48 M 1902 75 P

MURPHY MD, WILLIAM R, 1901 E 1ST ST, 67114-0000
283-2400 1902871248
59 M 1902 0 P

OLSON MD, ERWIN T, 3 INDIAN LN, 67114-4341
0 1902470448
19 M 1902 47 OO

PATRON MD, RICARDO F, 201 S PINE ST, 67114-0000
283-4088 1902881197
61 M 1902 0 PD

PEREIRA MD, WILLY G, 201 S PINE ST, 67114-3745
284-5150 73701670091
39 M 73701 73 IM

PRENTISS MD, HAROLD, 1305 TERRACE DR, 67114-6313
283-9433 1720620975
36 M 1720 77 R

QAMAR MD, YUSUF, 203 E BROADWAY ST, 67114-2223
283-2800 70409610046
38 M 70409 70 IM

ROBERTS MD, AUDREY M, 201 S PINE ST, 67114-0000
284-5006 1902881341
62 F 1902 0 PD

SCROGGIE MD, DANIEL J, PO BOX 308, 67114-0000
283-2700 0
59 M 1902 89 FP

SILLS MD, CHARLES T, 1631 HILLCREST RD, 67114-1342
0 1902370524
9 M 1902 37 OO

SIMMONS MD, ROBERT E, 215 S PINE ST, 67114-3761
283-5041 1902742014
49 M 1902 76 IM

STEVENS MD, RONALD, 201 S PINE ST, 67114-3745
283-3600 64914777249
49 M 64914 87 FP

TANDOC JR MD, VALENTIN T, 201 S PINE ST, 67114-3745
283-3600 74811620061
39 M 74809 74 U

VOGT MD, VERNON W, 323 E 2ND, 67114-3405
0 3005530864
22 M 3005 55 OO

WHEELER MD, DWIGHT E, 201 S PINE ST, 67114-3745
283-3600 2012760941
50 M 2012 79 IM

WIENS MD, J WENDELL, 201 S PINE ST, 67114-3745
283-3600 1902590982
32 M 1902 60 GS

WIENS MD, TIMOTHY B, 201 S PINE ST, 67114-0000
284-5006 1902851956
55 M 1902 0 FP

WILLIAMS MD, MICHAEL K, 203 E BROADWAY ST, 67114-2223
283-2800 1902871868
60 M 1902 91 FP

ZAYLOR D O, CHARLES L, 1901 E 1ST, 67114-5010
283-2400 2878820471
52 M 2878 0 GS

NORTH NEWTON — 316
(Reno County Medical Society)

FRIESEN MD, ORLANDO J, PO BOX 97, 67117-0097
0 1902560391
27 M 1902 56 OO

HARMS MD, EDWIN M, 3001 IVY DR #1125, 67117-8005
0 3901340179
6 M 3901 36 OO

HARMS MD, WILMER A, 2904 IVY DR #8, 67117-8000
0 1902560480
22 M 1902 56 OO

NORTON — 913
(Northwest Kansas Medical Society)

COLIP MD, FLOYD M, 711 N NORTON, 67654-1449
877-3305 1902610177
25 M 1902 63 GP

COOPER MD, ARTHUR E, 307 W WILBERFORCE, 67654-1331
0 1611350330
8 M 1611 36 OO

HARTLEY MD, ROY W, 711 N NORTON, 67654-1449
877-3305 1902630305
37 M 1902 64 GP

HARTMAN MD, ROGER L, 506 POOL DR, 67654-1518
0 1902610339
35 M 1902 65 OO

MELLOR MD, MARJORIE J, 711 N NORTON, 67654-0000
877-3305 0
60 F 3005 0 FP

NORTONVILLE — 913
(Atchison County Medical Society)

MADISON MD, WILLARD A, PO BOX 88, 66060-0088
0 1902510466
20 M 1902 51 OO

OAKLEY — 913
(Northwest Kansas Medical Society)

OHMART MD, RICHARD V, PO BOX 756, 67748-0756
672-3261 1902620636
36 M 1902 63 FP

OBERLIN — 913
(Northwest Kansas Medical Society)

KIRK MD, MICHAEL N, 902 W COLUMBIA, 67749-0000
475-2221 0
60 M 1902 89 FP

LABASH MD, STEPHEN C, 902 W COLUMBIA PO BOX 110, 67749-0110
475-2221 1002690582
42 M 1002 89 GS

OLATHE — 913
(Johnson County Medical Society)

ANDERSON MD, CRAIG A, 20375 W 151ST ST STE 101, 66061-5353
782-8577 1902850020
58 M 1902 0 GS

BALANOFF MD, ARNOLD Z, 20375 W 151ST ST STE 104, 66061-0000
782-2525 1803670061
42 M 1803 72 PD

BAVISHI MD, SAROJ A, 20375 W 151ST #407, 66061-7209
829-9100 49519710063
46 F 49583 91 OBG

BROOKS MD, CHARLES L, 20375 W 151ST ST STE 170, 66061-5353
829-2829 1902790272
54 M 1902 85 GE

CARABETTA MD, VITO J, 20375 W 151ST ST #354, 66061-0000
829-2525 0
58 M 506 90 PM

CONNETT MD, BRADLEY D, 20373 W 151ST ST #201, 66061-0000
782-2020 0
61 M 2002 93 U

DELPHIA MD, ROBERT E, 636 EDGEMERE DR, 66061-0000
0 1902560293
24 M 1902 56 OO

DYCK MD, ERIC L, 407 S CLAIRBORNE, #103, 66062
780-0700 1902770433
52 M 1902 80 FP

EPP MD, GALEN W, 20375 W 151ST ST STE 301, 66061-7207
782-8300 1902810958
55 M 1902 90 IM

FEEHAN MD, JOHN M, 1803 S RIDGEVIEW RD #1, 66062-2288
782-3322 1902840571
57 M 1902 87 FP

FOWLER MD, DENNIS L, 20375 W 151ST ST STE 101, 66061-5353
782-8577 1902731357
48 M 1902 0 GS

GAUGHAN MD, REBECCA N, 13025 S MUR-LEN #200, 66062-1230
764-2737 3006820343
55 F 3006 87 OTO

HALVORSON MD, HOWARD C, 20375 W 151ST ST STE 201, 66061-5360
782-2020 5404660260
41 M 5404 75 U

HOLMAN MD, JON B, 1125 W SPRUCE, 66061-3123
831-2550 1902630364
33 M 1902 64 P

HUDSON MD, ROBERT P, 12925 FRONTIER RD, 66061-9676
588-7040 1902520313
26 M 1902 52 IM

HULTGREN MD, MYRON K, 801 N MURLEN STE 145, 66062-0000
780-0030 1902681163
41 M 1902 69 FP

JENSEN MD, THOMAS M, 20375 W 151ST ST STE 106, 66061-5353
782-1148 3005730464
47 M 3005 75 ORS

KENNEDY MD, FREDERICK R, 20375 W 151ST ST STE 101, 66061-5353
782-8577 1902680493
42 M 1902 0 GS

KLEINSASSER MD, WARREN L, 14901 W 117TH ST, 66062-9307
764-5555 2604620697
37 M 2604 88 FP

LAIRD MD, DALE D, 20333 W 151ST ST STE 100, 66061-5351
782-3631 1902680540
42 M 1902 69 OPH

MACFARLANE MD, DOUGLAS B, 20375 W 151ST ST STE 200, 66061-5360
782-3073 1902800715
54 M 1902 81 OBG

MARINE MD, CLIFFORD S, 20375 W 151ST ST STE 250, 66061-5360
764-6262 1902841195
57 M 1902 85 OBG

MATTHEW MD, WILLIAM L, 1803 S RIDGEVIEW RD #1, 66062-2288
782-3322 1902560706
29 M 1902 56 FP

MCCANN MD, WILLIAM E, 1006 LENNOX DR, 66062-2133
0 3901480337
22 M 3901 53 OO

MENDLICK MD, R MICHAEL, 20375 W 151ST ST STE 106, 66061-5353
782-1148 1902700788
44 M 1902 71 ORS

METZ MD, BRIAN A, 13025 S MUR-LEN #200, 66062-0000
764-3739 1902891222
61 M 1902 93 OTO

MORGAN II MD, DAVID L, 20375 W 151ST ST STE 301, 66061-7207
782-8300 2846750161
49 M 2820 75 IM

NOTTINGHAM MD, ROBERT M, PO BOX 4000-13045 S MUR-LEN RD, 66062-0000
782-1610 1902781401
49 M 1902 0 FP

RHOADS MD, ANNE C, 20375 W 151ST ST STE 350, 66061-7207
764-6996 1902831521
57 F 1902 85 GS

ROMONDO MD, STEVEN A, 20375 W 151ST ST STE 406, 66061-7209
782-2292 1902730989
47 M 1902 75 AN

RUHLEN MD, JAMES L, 20375 W 151ST ST STE 301, 66061-7207
782-8300 1902720959
46 M 1902 73 IM

RUHLEN MD, THOMAS F, 20333 W 151ST ST, 66061-5350
791-4362 1902761141
51 M 1902 0 PATH

SCHAPER MD, DANIEL C, 20375 W 151ST STE 106, 66061-5353
782-1148 1902810681
54 M 1902 87 ORS

SCHERMOLY MD, MARTIN V, 20375 W 151ST ST #301, 66061-5353
782-8300 1902841578
58 M 1902 0 IM

SHEFFER MD, KEITH D, 20375 W 151ST STE 106, 66061-5353
782-1148 1720671651
37 M 1720 74 ORS

SNIDER MD, BRUCE B, 20375 W 151ST ST STE 250, 66061-5360
764-6262 1902861633
59 M 1902 89 OBG

SNYDER MD, RICHARD H, 20375 W 151ST ST STE 406, 66061-7209
782-2292 1902731080
45 M 1902 75 AN

STANDLEE MD, TIM E, 20375 W 151ST ST STE 406, 66061-7209
782-2292 1902821801
56 M 1902 85 AN

WARNER MD, RICHARD B, 20375 W 151ST ST STE 206, 66061-5360
782-2593 1902721203
45 M 1902 85 P

WETZEL MD, JAMES L, 20375 W 151ST ST STE 301, 66061-7207
782-8300 1803811551
52 M 1803 0 IM

WOODS MD, S DWIGHT, 20375 W 151ST ST STE 350, 66061-7207
764-6996 1902551219
30 M 1902 55 GS

ZEILER MD, STEVEN B, 20375 W 151ST ST STE 301, 66061-5353
782-8300 1103820851
57 M 1103 83 IM

ZIMMERMAN MD, BRUCE E, 20375 W 151ST ST STE 203, 66061-5360
782-3377 4812781729
49 M 4812 79 OTO

ONAGA — 913
(Pottawatomie County Medical Society)

ENGELKEN MD, SUSAN F, PO BOX 460, 66521-0460
889-4271 3401790127
49 F 3401 84 GP

TARVIN MD, RANDY J, PO BOX 120, 66521-0120
889-4241 1902862010
59 M 1902 89 FP

WALSH MD, THOMAS E, PO BOX 120, 66521-0120
889-4241 1902741212
48 M 1902 75 FP

OSAGE CITY — 913
(Flint Hills Medical Society)

ADAMS MD, DWIGHT L, PO BOX 265, 66523-0265
528-3161 1902560013
31 M 1902 56 GP

OSAWATOMIE — 913
(Miami County Medical Society)

APPENFELLER MD, WILLIAM O, 524 BROWN AVE, 66064-1322
755-3166 1902530033
25 M 1902 53 FP

OTTAWA — 913
(Franklin County Medical Society)

DUNDEE MD, JOHN T, PO BOX H, 66067-0340
242-4885 91801630028
39 M 53901 0 DR

EDALATI MD, DAVID, 1320 S ASH STE 203, 66067-0000
242-2424 0
62 M 0 0 IM

GOLLIER II MD, ROBERT A, 1418 S MAIN ST #S-5, 66067-3543
242-1620 1902660344
40 M 1902 67 FP

HADLEY MD, DELMONT C, 1320 S ASH, 66067-3413
242-3891 1902640335
35 M 1902 65 FP

HENNING MD, CALVIN W, PO BOX 2, 66067-0002
0 1902350167
5 M 1902 35 OO

RANSOM MD, WILLARD B, 1418 S MAIN ST #S-5, 66067-3543
242-1620 1902782300
49 M 1902 79 FP

REYES JR MD, FRANCISCO A, 1320 S ASH, 66067-3413
242-5312 74801610734
38 M 74801 74 GS

REYNOSO MD, LANCE A, 1418 S MAIN ST #S-5, 66067-3543
242-1620 1902861404
61 M 1902 0 FP

SETO MD, TAKESHI, 1320 S ASH STE 203, 66067-0000
242-2424 0
0 M 0 0 PUD

SPEER MD, LOUIS N, PO BOX D, 66067-0220
242-1257 1606411177
14 M 1606 41 FP

SPRATT MD, DENNIS P, 1418 S MAIN ST #S-5, 66067-3543
242-1620 1902841705
0 M 1902 0 FP

OVERBROOK — 913
(Flint Hills Medical Society)

RUBLE JR MD, JAMES L, PO BOX 305, 66524-0305
0 1902530785
26 M 1902 53 OO

PAOLA — 913
(Miami County Medical Society)

ANDERSON MD, DOUGLAS S, 1313 BAPTISTE DR, 66071-1377
294-2000 0
57 M 1902 0 FP

BANKS MD, ROBERT E, PO BOX 298, 66071-0298
294-2305 1902550085
29 M 1902 55 FP

HOLSCHER MD, MARK R, 1313 BAPTISTE DR, 66071-1377
294-2000 1902850798
55 M 1902 0 FP

JACKSON MD, THOMAS M, PO BOX 412, 66071-0412
294-4082 1902840946
56 M 1902 91 GS

OMMEN MD, SHARI L, 1313 BAPTISTE DR, 66071-1377
294-2000 0
54 F 2803 91 FP

ROWLETT MD, JACK G, PO DRAWER A, 66071-0701
294-2356 1902520551
21 M 1902 52 FP

STANLEY MD, REX C, PO DRAWER A, 66071-0701
294-2056 1902520631
24 M 1902 52 GS

PARSONS — 316
(Labette County Medical Society)

AVES MD, AGNES, 1509 MAIN ST, 67357-3332
421-0600 74801592353
38 F 74801 72 IM

AVES MD, RENATO B, 1509 MAIN ST, 67357-3332
421-0600 74801592264
35 M 74801 72 GS

CHOI MD, PHILIP S, 2601 GABRIEL AVE, 67357-2341
421-6550 58302490170
26 M 58302 81 GP

CORNELL MD, EARL G, 1509 MAIN ST, 67357-3332
421-0600 1902790434
54 M 1902 83 FP

DAIZ MD, ANTONIO S, PO BOX 935, 67357-0935
421-4880 74810630918
37 M 74810 80 DR

DILLON MD, WILLIAM L, LABETTE CO MED CL BOX H, 67357-0000
421-0881 1902710295
45 M 1902 73 ORS

ELLIS D O, SCOTT A, 400 KATY, 67357-0000
421-2700 0
63 M 2879 94 GP

KISHORE MD, SHEELA, 2907 JOHNSTON RD, 67357-4631
421-2741 49511660041
43 F 49511 74 AN

LAVA MD, CHIRUND, PO BOX 290, 67357-0290
421-6210 89102630484
40 M 89102 76 GS

MENON MD, REMA, 2601 GABRIEL AVE, 67357-2399
421-6550 49531730126
47 M 49531 78 GP

MILLER MD, DEAN M, 203 CRESTVIEW DR, 67357-3511
0 1902480311
22 M 1902 48 OO

MILLER MD, STEPHEN F, 1509 MAIN ST, 67357-3332
421-0600 1902700800
45 M 1902 72 GS

MOSIER MD, KEVIN M, BOX H STE ONE, 67357-0000
421-0881 1902831343
57 M 1902 88 ORS

PAI MD, RADHA V, PO BOX 1057, 67357-1057
421-0080 49553700077
45 F 6701 78 AN

PAI MD, VARADARAJ S, PO BOX 1057, 67357-1057
421-0080 49521650205
42 M 6701 78 U

PARANJOTHI MD, SUBRAMONIAM P, 1509 MAIN ST, 67357-3332
421-0600 49531650131
39 M 49531 74 IM

PAULS MD, DANIEL N, PO BOX 1014, 67357-1014
421-1431 1902710856
45 M 1902 72 IM

ROTHSTEIN MD, TERRY B, 220 N 32ND ST, 67357-2226
421-5900 1606691072
43 M 1606 76 OPH

SATYA-MURTI MD, SATYA, PO BOX 377, 67357-0377
421-8884 49516650078
44 M 49516 0 N

SHARMA MD, ARUN L, 1509 MAIN ST, 67357-3332
421-0600 49607690056
46 F 49503 77 FP

TANA HOMPLEUM MD, URAIWAN, PO BOX 256, 67357-0256
421-2460 89101750052
51 M 89101 0 PD

TANG MD, CHANTRA, PO BOX 1054, 67357-1054
421-2460 89102710321
47 F 89104 82 PD

TANG MD, SAROHD, PO BOX 1054, 67357-1054
421-2460 89102690550
43 M 89102 76 OBG

VERMA MD, ASHA, 400 KATY, 67357-2400
421-2700 49530630136
37 F 49530 76 PD

WELCH MD, JAMES R, 400 KATY AVE, 67357-2400
421-2424 0
52 M 3901 0 PATH

PERRY — 913
(Shawnee County Medical Society)

BICKELHAUPT MD, ETHAN E, 2 PLAZA DR, 66073-0000
597-5941 5404780061
52 M 5404 94 P

PHILLIPSBURG — 913
(Central Kansas Medical Society)

BUBENIK MD, OLDRICH V, PO BOX 547, 67661-0547
543-5211 0
43 M 6505 85 GS

PITTSBURG — 316
(Crawford-Cherokee County Medical Society)

ARMSTRONG MD, HAROLD J, 207-208 PROFESSIONAL BUILDING, 66762-0000
232-2600 1902680035
40 M 1902 69 ORS

BENA MD, JAMES, 405 WEBSTER, 66762-5542
0 3005360055
12 M 3005 38 OO

BERKEY MD, VERNON A, NATL BANK BLDG, 66762-0000
231-7650 1902430080
18 M 1902 43 R

CARLSON MD, MARK D, 909 CENTENNIAL, 66762-6600
231-1650 1902870314
61 M 1902 89 IM

COOMER MD, TYLER E, 801 ELMWOOD LN, 66762-5524
0 2101590189
30 M 2101 65 OO

GOBAR MD, IBRAHIM A, CENTENNIAL & ROUSE, 66762-0000
232-0348 11801670077
40 M 11801 0 HEM

GOMETZ MD, MODESTO S, PO BOX 1746, 66762-1746
231-2490 72601660025
35 M 72601 71 PD

GRIMALDI MD, GARY A, PITTSBURG ST U STU HLTH CNTR, 66762-5880
235-4452 1902741964
49 M 1902 76 OBG

HOLSINGER MD, DONALD M, 1015 MT CARMEL PL, 66762-6604
231-5900 1902640394
38 M 1902 65 IM

HUEBNER MD, ROBERT STEPHAN, 1015 E MT CARMEL PL, 66762-6604
231-6160 1606670474
42 M 1606 78 GPVS

HUERTER MD, DAVID F, 909 CENTENNIAL, 66762-6600
231-1650 1902720614
46 M 1902 75 IM

KOEHN MD, DANIEL J, #3 MED CENTER CIR, 66762-0000
235-1043 1902880948
61 M 1902 91 FP

LANCE MD, RAYMOND W, 604 SYCAMORE LN, 66762-5539
0 1902470359
22 M 1902 47 OO

LEFFLER MD, PAUL B, 309 WINWOOD, 66762-5647
0 1902400318
2 M 1902 40 OO

MCDANIEL MD, R JAMES, PO BOX 1746, 66762-1746
231-2490 1902821178
50 M 1902 85 PD

MILLER MD, EARL E, 1803 S COLLEGE TER, 66762-0000
0 1902370427
13 M 1902 37 OO

ODGERS MD, RODNEY K, 909 CENTENNIAL, 66762-6600
231-4300 1902741697
49 M 1902 75 IM

PAPP JR MD, S DEAN, 906 MILL RD, 66762-6675
231-7650 1902720908
46 M 1902 80 DR

PARSI MD, MANUTCHEHR, 909 CENTENNIAL, 66762-6600
231-3770 51701640393
38 M 51701 74 GYN

POGSON MD, GEORGE W, RR 3 BOX 23, 66762-9300
0 1902470464
24 M 1902 47 OO

POWELL MD, TIMOTHY J, PO BOX 565, 66762-0565
232-0127 0
52 M 1902 85 AN

RAMIREZ MD, AUGUSTO H, 909 CENTENNIAL STE 3, 66762-6600
231-6280 26407580019
32 M 26407 71 GS

RAMIREZ MD, IRENE P, 909 CENTENNIAL, 66762-6600
231-6280 74801671601
43 F 74801 71 PD

SANDNESS MD, KATHLEEN M, 1015 MT CARMEL, 66762-6604
231-3113 1902881448
56 F 1902 89 IM

SCHLEMMER MD, ROGER B, 1003 S BROADWAY, 66762-5859
231-6380 1902680884
37 M 1902 68 OPH

SEARLE MD, ROBERT E, 101 N PINE ST, 66762-4743
231-7164 5101670611
37 M 5101 86 OPH

SEGLIE MD, F RONALD, #3 MED CENTER CIR, 66762-0000
232-2890 1902690944
43 M 1902 70 FP

TAWIL MD, ELIAS A, 2701 S ROUSE, 66762-6651
231-0850 91502760012
52 M 33004 83 U

TWEET MD, FREDRICK A, RR 5 BOX 196, 66762-9036
231-6100 1602660652
39 M 1602 68 PATH

WHITE D O, JOHN P, CENTENNIAL & ROUSE, 66762-0000
232-2270 1875720097
43 M 1875 76 P

YAGHMOUR MD, TALAAT E, 2701 S ROUSE, 66762-6651
231-0850 33004640018
40 M 33002 72 U

PLAINVILLE — 913
(Central Kansas Medical Society)

KELLY D O, MARK A, PO BOX E, 67663-0150
434-4602 3979790383
50 M 3979 90 GP

PEDERSON MD, ARNOLD M, 202 COLORADO, 67663-2106
0 1902510601
22 M 1902 51 OO

PLEASANTON — 913
(Anderson County Medical Society)

JUSTUS MD, WILLIAM J, PO BOX 407, 66075-0407
352-6134 1902550611
29 M 1902 55 FP

PRATT — 316
(Ninnescah Medical Society)

AMBLER MD, CARL D, PO BOX 364, 67124-0364
672-6476 1902570019
31 M 1902 57 R

BARKER MD, PATRICK N, PO BOX 869, 67124-0869
672-7411 1902710040
45 M 1902 72 GS

BLACK MD, CYRIL V, RR 2, 67124-9802
0 4802300021
5 M 4802 31 OO

BLOOM MD, L THEIL, 543 TERRACE DR, 67124-1355
672-9297 1902570051
32 M 1902 57 R

CEDENO MD, PHILIP A, PO BOX 869, 67124-0000
672-6454 1902820317
56 M 1902 87 GS

COSTELLO MD, J W, 420 COUNTRY CLUB RD, 67124-3125
672-9478 3520570186
31 M 3520 90 OBG

FREEMAN MD, F GILES, 310 E 2ND, 67124-2718
672-5555 1902440557
18 M 1902 44 FP

FRIESEN MD, RICK W, 420 COUNTRY CLUB RD, 67124-3125
672-7422 1902860572
59 M 1902 0 FP

PRIBIL MD, ALAN N, 420 COUNTRY CLUB RD, 67124-0000
672-7415 0
54 M 3901 54 IM

SUITER MD, DANIEL JAY, 420 COUNTRY CLUB RD, 67124-3125
672-7415 1902711097
44 M 1902 74 GE

PROTECTION — 316
(Iroquois County Medical Society)

GLENN MD, LYLE G, PO BOX 447, 67127-0447
0 1606400418
12 M 1606 40 OO

QUINTER — 913
(Northwest Kansas Medical Society)

HIESTERMAN MD, HERMAN W, PO BOX 425, 67752-0425
0 1902510318
23 M 1902 51 OO

RANSOM — 913
(Central Kansas Medical Society)

MCLAIN MD, KENNETH, BOX 237, 67572-0237
731-2295 1902460388
21 M 1902 46 FP

RILEY — 913
(Riley County Medical Society)

WALDROP D O, RICHARD J, PO BOX 68, 66531-0068
485-2549 2878800446
45 M 2878 91 FP

ROSSVILLE — 913
(Shawnee County Medical Society)

LEINWETTER D O, MYRON, 423 MAIN, 66533-0086
584-6705 2878830515
55 M 2878 84 GP

RUSSELL — 913
(Central Kansas Medical Society)

MERKEL MD, EARL D, PO BOX 473, 67665-0473
483-2178 1902570604
32 M 1902 57 FP

STARKEY MD, JERALD L, RT 2 BOX 148, 67665-9418
0 1902561044
30 M 1902 56 OO

WHITE MD, FAGAN N, 356 W 5TH, 67665-2610
0 702360447
11 M 702 37 OO

SABETHA — 913
(Northeast Kansas Medical Society)

KENNALLY MD, KEVIN P, PO BOX 247, 66534-0247
284-2141 1902780927
53 M 1902 81 FP

WENGER MD, GREGG D, PO BOX 247, 66534-0247
284-2141 1902781958
54 M 1902 81 PD

YULICH MD, JOHN O, PO BOX 227, 66534-0227
284-2125 1902591016
33 M 1902 61 FP

SALINA — 913
(Saline County Medical Society)

ALLRED MD, CHARLES T, PO BOX 1757, 67402-1757
767-5126 1902780021
53 M 1902 80 FP

ALSOP MD, WILLIAM R, 737 E CRAWFORD ST, 67401-5102
827-7261 1902770042
52 M 1902 78 GE

ANDERSON MD, JODY, PO BOX 260, 67402-0260
827-7261 1902590010
32 F 1902 64 IM

BAXTER MD, W REESE, PO BOX 1847, 67402-1847
825-8221 1902730083
47 M 1902 74 FP

BELL MD, MARK G, 909 E WAYNE, 67401-2201
823-7225 1902751595
50 M 1902 77 ENT

BOSSEMEYER II MD, CHARLES H, PO BOX 1847, 67402-1847
825-8221 1902780200
49 M 1902 84 FP

BROWN MD, ROBERT W, 910 MARYMOUNT RD, 67401-8428
0 1902550174
23 M 1902 55 OO

BRUNGARDT MD, BERNARD A, 400 E BELOIT AVE, 67401-6216
0 3006460045
21 M 3006 46 OO

BURNETT DO, LARRY E, PO BOX 6080, 67401-0080
823-7470 2879840425
58 M 2879 85 FP

BYERS MD, JONELL, 833 ELMHURST BLVD, 67401-7405
823-8140 1902781991
53 F 1902 79 D

CATHCART-RAKE MD, WILLIAM F, BOX 260, 67402-0260
827-7261 1902740895
48 M 1902 75 IM

CONNER MD, BRIAN, 1518 E IRON AVE, 67401-3277
825-2020 1902720231
46 M 1902 73 OPH

COOPER MD, JAMES L, PO BOX 2027, 67402-2027
823-7201 1902820376
56 M 1902 83 PATH

COSSETTE MD, JERROLD E, 909 E WAYNE AVE, 67401-2201
823-7225 1902751781
46 M 1902 76 ENT

COVERT MD, THOMAS J, 737 E CRAWFORD ST, 67401-5102
827-7261 1902710244
45 M 1902 72 PD

D'SOUZA MD, BISMARCK C, PO BOX 2327, 67402-2327
827-9526 49501680370
45 M 49501 78 R

DENNIS MD, DAVID T, PO BOX 260, 67402-0260
827-7261 1902780501
53 M 1902 78 IM

DETURK MD, DWAYNE L, PO BOX 2327, 67402-2327
827-9526 3005830272
51 M 3005 84 R

DRAEMEL MD, H RICHARD, 2203 EDGEHILL RD, 67401-1614
827-0307 1902530246
18 M 1902 53 OTO

DREHER MD, HENRY S, PO BOX 260, 67402-0260
827-7261 1902430284
18 M 1902 43 IM

EATON MD, GLEN E, 4353 E NORTH ST, 67401-9624
0 1902540268
28 M 1902 54 OO

EATON MD, LESLIE F, RR 1 BOX 346, 67401-9801
0 1902320152
6 M 1902 34 OO

ELLISON MD, PAUL D, 1499 E IRON AVE, 67401-3233
825-7271 2105600421
35 M 2105 67 OPH

FERGUSON DO, ELAINE L, PO BOX 1847, 67402-1847
825-8221 2878830299
0 F 2878 0 IM

FREEMAN MD, RAYMOND S, 1901 E IRON AVE, 67401-3428
0 702500192
20 M 702 59 OO

FULLEN MD, JERYL G, 523 S SANTA FE AVE, 67401-4145
823-7213 401680268
43 M 401 76 ORS

GANS MD, FREDERICK A, 950 S 11TH, 67401-4818
0 2834460354
22 M 2834 51 OO

GARLOW MD, WILLIAM B, PO BOX 2327, 67402-2327
827-9526 1902820554
55 M 1902 87 R

GRANT MD, MICHAEL D, 1001 S OHIO ST, 67401-6212
827-6453 1902790752
51 M 1902 82 FP

GRIFFITH MD, FRANK H, 1493 E IRON AVE, 67401-3233
827-0488 4813750321
45 M 4813 76 OPH

GUNN MD, MARVIN R, 2142 EDGEHILL RD, 67401-3520
0 3901540291
28 M 3901 63 OO

HAMILL MD, J MARK, 1508-B E IRON AVE, 67401-3236
827-1193 1902872058
59 M 1902 0 P

HAMPEL MD, KEVIN G, 200 S SANTA FE AVE STE #4, 67401-1615
823-6832 1902880671
58 M 1902 92 AN

HARBIN MD, GARY L, 523 S SANTA FE AVE, 67401-4145
823-7213 1902752109
50 M 1902 77 ORS

HASSLER MD, RANDY D, 645 E IRON AVE, 67401-2697
827-9635 1902710465
45 M 1902 78 U

HODGES MD, MERLE A, 850 S SANTA FE AVE, 67401-4950
825-9024 1902580421
34 M 1902 66 OBG

HODGES MD, MERLE J, 655 S SANTA FE AVE, 67401-4147
827-5451 1902830843
58 M 1902 84 OBG

HOUSE MD, R E, PO BOX 2327, 67402-2327
827-9526 1902810427
54 M 1902 82 DR

HUTCHINSON MD, DIRK T, 135 E CLAFLIN AVE, 67401-6162
827-9631 3901740541
48 M 3901 78 IM

JASTER MD, PAUL J, PO BOX 1757, 67402-1757
825-7251 1902830941
57 M 1902 84 FP

JERKOVICH MD, GEORGE S, 1508 E IRON AVE, 67401-3236
827-1193 1902830959
57 M 1902 87 P

KELLERMAN MD, RICK, PO BOX 1757, 67402-1757
825-7251 1902780919
54 M 1902 81 FP

KNOX MD, JEFFREY B, 737 E CRAWFORD ST, 67401-5102
827-7261 1902841039
57 M 1902 85 OBG

KREHBIEL MD, MARK A, PO BOX 1847, 67402-1847
825-8221 1902742162
49 M 1902 76 FP

KRUCKEMYER MD, ALAN L, 645 E IRON AVE, 67401-2697
823-2215 1103710291
45 M 1103 77 ORS

LAWRENCE MD, LINDA M, 929 ELMHURST BLVD, 67401-7401
823-1600 84802821111
57 F 4802 86 OPH

LAWRENCE MD, MICHAEL K, 737 E CRAWFORD AVE, 67402-0000
827-7255 2802840520
58 M 2802 0 IM

LIVINGSTON MD, CHARLES E, 645 E IRON AVE, 67401-0000
823-9166 1611570801
32 M 1611 64 GS

LUM D O, MICHAEL, 1001 S OHIO, 67401-0000
827-6453 0
59 M 2878 90 FP

MACY MD, NORMAN E, PO BOX 2027, 67402-2027
827-4053 1902600449
35 M 1902 64 PATH

MACY MD, TED L, PO BOX 260, 67402-0260
827-7261 1902710660
43 M 1902 73 GS

MANGUOGLU MD, ALI B, 521 S SANTA FE AVE, 67401-4145
823-1032 90205760015
53 M 90205 85 N

MARCHBANKS MD, DONALD L, PO BOX 1007, 67402-1007
0 1902510474
24 M 1902 51 OO

MARSHALL MD, GEORGE W, PO BOX 1845, 67402-1845
825-9024 1902700745
44 M 1902 71 OBG

MARTIN MD, OLIVER L, 715 E REPUBLIC, 67401-5334
0 1902370371
8 M 1902 37 OO

MATTHEWS MD, EARL H, 135 E CLAFLIN AVE, 67401-6162
827-9631 1902742308
49 M 1902 78 GS

MAXWELL MD, GORDON E, 135 E CLAFLIN AVE, 67401-6162
827-9631 1902550778
29 M 1902 55 OBG

MCCRAE MD, SPENCER C, 647 GEORGETOWN RD, 67401-3795
0 3509430810
18 M 3509 52 OO

MILLER MD, ELDEN V, 1928 RIDGELEA, 67401-3652
0 1902441031
19 M 1902 44 OO

MOORE MD, JULIE A, 338 N FRONT ST, 67401-2038
823-7201 1902861234
56 F 1902 0 PATH

MOWERY MD, WILLIAM E, PO BOX 260, 67402-0260
827-7261 1902470391
23 M 1902 47 GS

NEUMANN MD, JAMES W, 600-E S SANTA FE AVE, 67401-4148
825-5041 1902560820
24 M 1902 83 N

NICKELL MD, WENDELL K, RR 2, 67401-9802
0 1606511201
26 M 1606 51 OO

NULL MD, WILLIAM G, 135 E CLAFLIN AVE, 67401-6162
827-9631 102570413
31 M 102 66 PD

PALMER MD, GERALD K, 1952 RIDGELEA DR, 67401-3652
0 1803530765
24 M 1803 61 OO

PARRIOTT MD, JOEL E, 655 S SANTA FE, 67401-0000
825-9024 3005890704
61 M 3005 93 OBG

PEREZ-TAMAYO MD, CLAUDIA, PO BOX 256, 67402-0256
827-5591 1611812431
57 F 1611 0 RO

PETERSON MD, DAVID A, 645 E IRON AVE, 67401-2697
823-2215 3005821095
49 M 3005 91 ORS

PETERSON MD, JAMES E, PO BOX 2327, 67402-2327
827-9526 1902781451
53 M 1902 82 DR

REECE MD, RICHARD J, 502 BEECHWOOD, 67401-3618
0 1902490554
23 M 1902 49 OO

RICHARDS MD, JON F, 135 E CLAFLIN AVE, 67401-6162
827-9631 1902752664
50 M 1902 0 IM

RODERICK MD, JAMES E, 1706 UPPER MILL TER, 67401-2697
0 1902470511
23 M 1902 47 OO

ROMEISER MD, REX S, 645 E IRON AVE, 67401-2697
827-9635 1902670854
41 M 1902 68 U

ROSALES MD, J EDGAR, 737 E CRAWFORD ST, 67401-5102
827-7261 17601740061
0 M 0 0 PD

SCHMIDT MD, RAMON W, 400 E IRON AVE, 67401-2635
823-9166 1902650802
39 M 1902 66 GS

SCOTT MD, CHESTER E, 858 S 11TH, 67401-4861
0 1902510725
23 M 1902 51 OO

SEATON MD, ROBERT D, PO BOX 260, 67402-0260
827-7261 1902781664
49 M 1902 83 NEP

SEBREE MD, STEVEN G, PO BOX 260, 67402-0260
827-7261 1902731047
47 M 1902 74 OBG

SHAFER MD, JAMES J, 430 S OHIO, 67401-0676
827-0346 1902851603
57 M 1902 0 FP

SHETLAR D O, JOHN M, 617 E ELM, 67401-0000
825-8221 0
62 M 2878 92 GP

SLOO MD, MILO G, 645 E IRON AVE, 67401-2697
823-2215 1902670889
41 M 1902 68 ORS

SMITH MD, BOYD E, PO BOX 2027, 67402-2027
827-4053 3005720841
46 M 3005 78 PATH

SMITH MD, DAVID E, PO BOX 260, 67402-0260
827-7261 1902761272
50 M 1902 77 GS

SMITH MD, JOHN D, 1318 PARKWOOD DR, 67401-6616
0 3901510554
22 M 3901 52 OO

SNYDER MD, MARK D, 200 S SANTA FE STE 4, 67401-0000
823-6832 0
59 M 1902 93 AN

SPARACINO D O, JEFFERY L, PO BOX 2327, 67402-2327
827-9526 0
59 M 2879 0 DR

STOSKOPF MD, LAWRENCE E, 4408 E COUNTRY ESTATES CIR, 67401-9656
823-9498 1902721084
39 M 1902 73 AN

STUEWE MD, BRAD R, PO BOX 260, 67402-0260
827-7261 1902742022
49 M 1902 75 IM

WAGENBLAST MD, HOWARD R, PO BOX 260, 67402-0260
0 1902490694
21 M 1902 49 OO

WATERS MD, CLARENCE N, 833 MANOR RD, 67401-5134
0 2834481114
13 M 2834 60 OO

WEBER MD, ROBERT W, 135 OVERHILL RD, 67401-3580
0 1902490716
26 M 1902 49 OO

WEDEL MD, ALAN K, PO BOX 6080, 67401-0080
823-7470 1902821933
56 M 1902 86 FP

WOODALL MD, DENNIS C, PO BOX 1847, 67402-1847
825-8221 1902831971
55 M 1902 84 FP

ZUJKO MD, RICHARD D, 909 E WAYNE, 67401-0000
823-7225 0
43 M 2507 91 OTO

SATANTA — 316
(Southwest Kansas Medical Society)

JABEL MD, JUVENAL T, PO BOX 247, 67870-0247
649-2771 74809680111
43 M 74809 79 IM

TADURAN MD, VIRGILIO, PO BOX 547, 67870-0000
679-2771 74810690228
43 M 74810 69 PATH

SCOTT CITY — 316
(Southwest Kansas Medical Society)

DUNN MD, DANIEL R, 202 S COLLEGE ST, 67871-1298
872-2187 1902740232
49 M 1902 75 FP

HOPKINS JR MD, B MORRISON, 804 CRESCENT AVE, 67871-1321
0 1902530408
23 M 1902 53 OO

ROSIN MD, ROBERT L, 202 S COLLEGE ST, 67871-1298
872-2187 1902851514
58 M 1902 86 IM

SEDAN — 316
(Southeast Kansas Medical Society)

TAYLOR MD, ELMER W, 120 W OSAGE BOX 8, 67361-1518
0 512570879
28 M 512 62 OO

WALKER MD, WILLIAM K, 417 N MONTGOMERY, 67361-1023
0 1902450722
18 M 1902 45 OO

SENECA — 913
(Northeast Kansas Medical Society)

BERKLEY MD, NORMAN W, 15 S 5TH ST, 66538-1905
336-2128 1902630054
31 M 1902 64 FP

LUEGER D O, JAMES J, 713 MAIN ST, 66538-1931
336-6107 2878781018
51 M 2878 0 GP

MENZEL MD, THOMAS E, 511 WALNUT, 66538-2053
336-6277 1902821241
52 M 1902 0 GS

SHAWNEE MISSION — 913
(Johnson County Medical Society)

ALLEN MD, JAMES V, 5520 COLLEGE BLVD #410, 66211-1600
451-5934 2002780014
46 M 2002 0 D

ALLEN MD, MAX S, 5103 W 96TH TER, 66207-3320
0 1902370010
11 M 1902 37 OO

AMADO MD, MERCEDES C, 8029 W 123RD TER, 66213-1448
926-1000 2803830013
55 F 2803 88 A

ANDERSON MD, ALLISON H, 8800 W 75TH STE 220, 66204-4001
384-5500 1902850755
59 F 1902 91 PD

ANDERSON MD, WILLIAM A, 2508 W 71ST, 66208-0000
236-7288 2846760191
50 M 2846 83 EM

ARNOLD MD, L KIRK, 9100 W 74TH ST, 66204-4019
676-2351 2803750036
49 M 2803 91 PATH

ARNSPIGER II MD, RICHARD C, 8800 W 75TH #115, 66204-4001
262-9201 1902820031
56 M 1902 0 GPVS

ASHCRAFT MD, SCOTT E, 10540 BARKLEY #70, 66212-1842
642-4900 0
59 M 1902 93 AN

ATHON MD, MERRILL D, 6806 W 83RD ST, 66204-3999
642-4242 1902540047
24 M 1902 54 FP

AUSTENFELD MD, JENNIFER, PO BOX 2923, 66201-1323
676-2340 1902830169
57 F 1902 89 PATH

BADEEN II MD, LOUIS J, 10600 QUIVIRA RD #460, 66215-2312
492-0021 2846740026
49 M 2846 78 OPH

BAKER MD, WILLIAM S, 7700 SHAWNEE MISSION PKY #209, 66202-0000
262-1843 702730066
47 M 702 76 P

BALDWIN MD, THOMAS F, 7301 FRONTAGE RD STE 200, 66204-1654
722-0080 1902830142
56 M 1902 84 IM

BANSAL MD, ROOPA O, 5600 W 95TH STE 105, 66207-2968
381-6765 49504560146
37 F 49504 80 FP

BANSAL MD, SATISH C, 8901 W 74TH ST #147, 66204-2299
384-2220 49541610048
38 M 49541 74 ORS

BAPTIST MD, JEREMY E, 5811 OUTLOOK ST, 66202-2792
432-0625 2846780729
40 M 2846 79 A

BARE II MD, CHARLES E, 8901 W 74TH ST #353, 66204-2298
677-2460 1902690057
43 M 1902 70 U

BARELLI MD, PAT A, 5609 MISSION DR, 66208-1135
0 1902440077
19 F 1902 44 OO

BARKER MD, ELIZABETH B, PO BOX 8336, 66208-0336
381-6669 4706550122
30 F 4706 66 P

BARNETT JR MD, THOMAS E, 10600 OUIVIRA STE 240, 66215-2311
541-3355 2846750251
52 M 1902 80 GE

BARNETT MD, THEODORE M, 6115 W 54TH TER, 66202-1634
234-3668 4812810095
56 M 4812 0

BARNHART MD, RONALD J, 9119 WEST 74TH ST #268, 66204-2202
831-2334 2501680136
41 M 2501 69 OBG

BARR MD, RICHARD N, 7301 MISSION STE 119, 66208-3005
432-4366 1902570043
32 M 1902 57 OPH

BARRICK MD, BRUCE, PO BOX 2923, 66201-1323
676-2340 1902650021
39 M 1902 66 PATH

BASOM MD, THON A, 8901 W 74TH #333, 66204-0000
262-9311 1902810044
55 M 1902 91 IM

BATTY MD, LARRY H, 9119 W 74TH ST #268, 66204-2202
831-2334 1902760110
51 M 1902 77 OBG

BAUER MD, LAFE W, 4818 W 80TH, 66208-5025
0 1902490023
20 M 1902 49 OO

BAUER MD, LAIRD A, 8800 W 75TH STE 300, 66204-4001
722-4240 1902860106
56 M 1902 89 IM

BEAMON MD, RICHARD F, 8000 W 110TH STE 105, 66210-2315
469-1411 2803730035
47 M 2803 91 EM

BECKER MD, NANCY J, 5701 W 119TH #209, 66209-3722
661-9980 1902820139
48 F 1902 87 IM

BEEZLEY MD, MICHAEL J, 8800 W 75TH STE 115, 66204-4001
262-9201 1902730105
47 M 1902 74 GPVS

BELL MD, D W, 7000 W 121ST ST STE 100, 66209-2010
469-1020 1902680078
42 F 1902 69 OPH

BELT MD, ROBERT J, 12000 W 110 #400, 66210-3937
469-8023 702710073
45 M 702 75 ON

BELZER MD, EDWARD G, 10600 OUIVIRA STE 330, 66215-2312
541-3300 3005620081
36 M 3005 67 PD

BERGH MD, JAMES R, 10500 OUIVIRA RD, 66215-0000
541-5384 1902840172
57 M 1902 85 DR

BERNHARDT MD, GARY D, 10550 OUIVIRA STE 270, 66215-0000
541-8666 0
54 M 1902 80 FP

BICHLMEIER MD, FRANKLIN G, 8901 W 74TH ST #272, 66204-2202
362-0500 1902580081
33 M 1902 59 GS

BISHOP MD, FRANCIS E, 3208 W 83 TER, 66206-1304
0 1902450064
20 M 1902 45 OO

BISHOP MD, HENRY R, 10600 OUIVIRA RD STE 320, 66215-2311
541-3200 4813790128
53 M 4813 82 OBG

BLETZ MD, DONALD B, 10633 WITMER, 66215-2305
345-2661 5104580116
28 M 5104 72 IM

BOHN MD, WILLIAM W, 10550 OUIVIRA STE 350, 66215-2308
888-9893 0
55 M 0 0 ORS

BOLES MD, J MICHAEL, 5949 NIEMAN RD, 66203-2907
631-1300 1902610088
35 M 1902 62 FP

BOTTS MD, LARRY D, 8901 W 74TH ST #348, 66204-2243
432-8000 3005790092
52 M 3007 0 PUD

BOWLIN D O, SCOTT E, 7301 MISSION RD #150, 66208-0000
432-2000 2878880261
58 M 2878 0 FP

BROWN MD, M DAVID, 4500 COLLEGE BLVD STE 304, 66211-1760
338-0400 3901850177
59 M 3901 91 CHP

BROWN MD, WILLIAM R, 8717 ROSEWOOD DR, 66207-2223
0 1902480079
23 M 1902 48 OO

BROXTERMAN MD, STEVEN JOSEPH, 9119 W 74TH ST #150, 66204-2201
362-5510 1902760217
51 M 1902 77 FP

BRUN MD, MICHAEL E, PO BOX 29194, 66201-9194
599-6777 2802810141
55 M 2802 86 DR

BRUNING MD, DANIEL L, 10540 BARKLEY ST #70, 66212-1842
268-0500 2834820105
56 M 2834 84 AN

BRUNING MD, ROGER M, 8340 MISSION RD #101, 66206-1362
384-0745 1902760225
48 M 1902 79 FP

BUBB MD, STEPHEN K, 8800 W 75TH ST STE 350, 66204-4001
362-0031 1902740135
48 M 1902 76 ORS

BUCKMAN MD, MARTIN SPALDING, 10600 OUIVIRA RD STE 240, 66215-2311
541-3355 2803760066
49 M 2802 75 IM

BURES JR MD, GEORGE J, 8700 BOURGADE STE 2, 66219-1440
599-5500 1902850268
58 M 1902 90 FP

BURGER MD, PAUL B, PO BOX 3278, 66203-0278
631-6114 2834500101
25 M 2834 50 FP

BUSER MD, WILLIAM D, 12000 W 110TH STE 200, 66210-3937
469-1477 1902800146
55 M 1902 83 GE

BUTRICK MD, CHARLES W, 10600 OUIVIRA RD STE 320, 66215-2311
541-3200 1902800154
55 M 1902 88 OBG

CALKINS MD, LARRY L, 5635 SUWANEE, 66205-3307
0 1902430187
18 M 1902 43 OO

CAMPBELL MD, LINDA H, 6208 REINHARDT DR, 66205-3337
722-4376 1902840806
48 F 1902 0 ON

CARNEY MD, SUSAN M, 8901 W 74TH ST, 66204-0000
722-0170 0
60 F 2846 93 OPH

CARRIKER MD, CRISTINE G, 8901 W 74TH ST #248, 66204-2202
384-4990 1902881618
61 F 1902 92 OBG

CASTEEL MD, CHARLES K, 8901 W 74TH ST #380, 66204-2254
831-1003 3901590141
34 M 3901 64 U

CASTLEMAIN MD, BRIAN D, 9359 W 75TH, 66204
341-0120
58 M 5606 93 CDTS

CATTANEO MD, ERNEST A, 7301 MISSION RD STE 350, 66208-3005
262-3930 1902650110
39 M 1902 66 IM

CECIL III MD, JOHN, PO BOX 25010, 66225-5010
0 4804690145
43 M 4804 72 R

CEDERLIND MD, CRANSTON JAY, 8901 W 74TH ST #390, 66204-2253
236-6455 1902710198
45 M 1902 72 OBG

CHERAY MD, JAMES A, 10600 OUIVIRA RD STE 210, 66215-0000
541-3340 1902902135
62 M 1902 92 IM

COALE MD, LLOYD H, PO BOX 1262, 66222-0262
0 1902430209
13 M 1902 43 OO

COHEN MD, ROBERT A, 8201 MISSION RD #202, 66208-5212
642-2100 2803640036
39 M 2803 70 PD

COKINGTIN MD, CLIFTON D, 5520 COLLEGE BLVD STE 201, 66211-0000
491-3737 0
63 M 2846 93 OPH

COLEMAN MD, ROBERT L, 8901 W 74TH ST #1, 66204-2240
362-0100 4113660193
41 M 4113 79 PS

COOLEY MD, DAVID A, 5701 W 119TH #209, 66209-3722
661-9980 2802660131
40 M 2802 72 RHU

COOPER MD, JACK R, 5300 MISSION RD, 66205-2717
0 3840430251
17 M 3840 52 OO

CORDELL MD, LARRY D, 12301 W 106TH ST STE 100, 66215-2292
888-2800 0
41 M 1902 90 ORS

COULTER MD, HENRY F, 4203 W 151 ST, 66224-9758
0 1902510113
23 M 1902 51 OO

COULTER MD, THOMAS B, 7504 ANTIOCH RD, 66204-2622
341-3100 1205640165
38 M 1205 72 OPH

COX JR MD, IRA, 5829 WOODSON PO BOX 975, 66201-0975
722-1100 1902490180
19 M 1902 49 FP

CREDITOR MD, MORTON C, 6220 ENSLEY LN, 66208-1240
0 3501470171
23 M 3501 86 OO

CREEK D O, ALAN D, 10550 OUIVIRA RD STE 270, 66215-0000
541-8666 2878780640
46 M 2878 80 FP

DAVIA MD, JAMES E, 10550 OUIVIRA RD STE 510, 66215-2305
541-3340 1611620361
37 M 1611 85 CD

DEMCZUK MD, ROXOLANA J, 10540 BARKLEY #70, 66212-1842
642-4900 0
51 F 5605 91 AN

DENISON MD, TERRY R, 5811 OUTLOOK ST, 66202-2792
432-0625 1902560307
29 M 1902 56 A

DENNIS MD, MICHAEL W, PO BOX 29194, 66201-9194
599-6777 2846810156
57 M 2846 83 DR

DERRINGTON MD, KENNETH L, 4601 W 109TH STE 310, 66211-1315
491-6464 1902710287
44 M 1902 72 FP

DiEHL MD, ANTONI M, 13106 W 75TH TERR, 66216-3002
0 0
24 M 2604 53 OO

DOCKHORN MD, ROBERT J, 5300 W 94TH TERR, 66207-2504
381-4674 1902600236
34 M 1902 61 PDA

DORZAB MD, LINDA L, 5701 W 119 ST #430, 66209-0000
338-1818 2846840870
47 F 2846 90 IM

DRAKE MD, CYNTHIA K, 9119 W 74TH ST #300, 66204-2277
677-3115 2846810181
57 F 1902 83 OBG

DRASIN MD, DENA K, 7301 MISSION RD STE 328, 66208-3005
362-1444 2002800341
40 F 2002 85 CHP

DREILING MD, ROGER J, 7301 FRONTAGE RD STE 200, 66204-1654
722-0080 1902780552
51 M 1902 79 CD

DUCKETT II MD, THOMAS G, 7000 W 121 ST #100, 66209-2010
345-8868 1902670145
41 M 1902 68 OPH

DUDGEON MD, MAUREEN, 7301 FRONTAGE RD #100, 66204-1654
362-2035 1902770417
51 F 1902 78 IM

DUNCAN MD, KIRK A, 9367 W 75TH, 66204
381-0622 1902780561
53 M 1902 83 NEP

EDWARDS-GARLAND MD, SHELLEY J, 7301 FRONTAGE RD #100, 66204-1654
432-2280 1902882304
58 F 1902 91 IM

ELLIS MD, S CHRISTOPHER, PO BOX 23548, 66223-0548
373-0263 91707710051
47 M 91707 85 AN

ELLIS MD, HOWARD D, 10550 OUIVIRA RD STE 410, 66215-2304
541-0990 1902780579
53 M 1902 89 OBG

EMMOTT MD, DAVID F, 8901 W 74TH ST #32, 66204-2254
831-1003 3901790476
53 M 3901 81 U

ENDERS MD, WRAY, 9034 COTTONWOOD DR STE 2, 66215-5408
0 1902360138
2 M 1902 36 OO

ESRIG D O, HAROLD L, 8132 SAGAMORE, 66206-1233
0 2878600013
30 M 2878 62 OO

ETZENHOUSER III MD, RUSSELL D, 10600 OUIVIRA STE 330, 66215-2312
541-3300 1902590273
34 M 1902 64 PD

EVANS MD, CAROL A, 5701 W 119TH ST #430, 66209-3722
338-1818 2846780222
54 F 2846 82 IM

FAERBER MD, THOMAS H, 4601 W 109TH ST, 66211-1318
469-8895 2846901046
58 M 2846 91 MFS

FINLEY MD, BRENT E, 10600 OUIVIRA RD STE 450, 66215-2312
588-6250 1902790639
52 M 1902 81 MFM

FRANKEL MD, SCOTT J, 4500 COLLEGE BLVD STE 200, 66211-1760
491-5501 2802790387
53 M 2802 84 A

FRIESEN MD, STANLEY R, 48 LE MANS CT, 66208-5231
0 1902430306
18 M 1902 43 OO

GAGE MD, BETSE M, 8800 W 75TH ST #220, 66204-4001
384-5500 1902800375
55 F 1902 84 PD

GARCIA-FERRER MD, FRANCISCO, 10616 W 87TH ST, 66214-1651
541-0999 27501601638
32 M 27501 73 FP

GAUGHAN MD, MICHAEL J, PO BOX 29194, 66201-9194
599-6777 1902741549
49 M 1902 77 R

GERJARUSAK MD, PRAPAS, 8901 W 74TH ST #121, 66204-2201
262-0344 89104710086
36 M 89101 75 IM

GERWICK MD, CHARLES L, PO BOX 2923, 66201-1323
676-2214 1902840628
58 M 1902 91 EM

GIBBONS MD, ROBERT T, 8800 BALLENTINE, 66214-1985
894-4050 1902680302
43 M 1902 69 AN

GILLEN MD, BILLY A, 8802 BIRCH LN, 66207-2210
0 1902540365
29 M 1902 54 OO

GOERTZ MD, LEO R, 6340 ASH, 66208-1369
0 1902520275
22 M 1902 52 OO

GOLDBERG MD, JOSEPH P, 10561 BARKLEY #200, 66212-0000
967-4692 3806640203
37 M 3806 92 PD

GOLDSTEIN MD, GERALD L, 4500 COLLEGE BLVD STE 200, 66211-1760
491-5501 16504760069
47 M 16504 81 P

GOMEZ MD, FRANCISCO, 2020 DRURY LN, 66208-1228
262-4077 26401400019
15 M 26401 63 P

GOOD MD, WENDELL L, 4604 W 113TH, 66211-0000
491-9183 1902480214
24 M 1902 48 FP

GOODWIN MD, JOHN A, 10600 OUIVIRA RD STE 330, 66215-2312
541-3300 1902860645
60 M 1902 88 PD

GRAHAM MD, BRUCE D, 4860 COLLEGE BLVD, 66211-0000
345-2603 2803811248
51 M 2803 87 GS

GRASHOFF MD, JOYCE A, 11116 W 114TH, 66210-0000
596-4180 3005800101
59 F 3005 83 EM

GRAY MD, C K, 11020 KING, 66210-1201
345-2622 1902753067
48 M 1902 75 IM

GRIN MD, TRUDI R, 10550 OUIVIRA RD STE 335, 66215-2308
888-1888 0
57 F 2846 86 PDO

GRUNDMEIER MD, ANNETTE M, 9119 W 74TH ST #210, 66204-2202
432-3334 1611770916
46 F 1611 79 PD

HACKER MD, DAVID C, 10540 BARKLEY ST #70, 66212-1842
676-2479 1902752079
50 M 1902 78 AN

HALL MD, MARK R, PO BOX 2923, 66201-0000
676-2214 2512860381
60 M 2512 90 EM

HALLERAN III MD, WILLIAM J, PO BOX 29194, 66201-9194
599-6777 1902780749
53 M 1902 80 DR

HAMTIL MD, LAWRENCE W, 10550 OUIVIRA RD STE 460, 66215-2304
341-3937 2803610251
36 M 2803 69 PD

HARD MD, BENJAMIN F, 12551 W 108TH TER, 66210-1109
0 4802550664
28 M 4802 64 OM

HARDIN MD, CREIGHTON A, 8229 NALL AVE, 66208-4948
0 5605430432
18 M 5605 48 OO

HARRIS MD, LANNY W, 10550 OUIVIRA RD STE 310, 66215-2308
888-9893 0
41 M 4706 0 ORS

HARTMAN MD, GERALD V, 6616 EL MONTE, 66208-1662
0 1902450331
20 M 1902 45 OO

HARTONG MD, WILLIAM A, 8901 W 74TH ST #372, 66204-2200
831-9300 1902710457
44 M 1902 72 IM

HARTY MD, JEAN R, 8747 ROSEWOOD DR, 66207-2223
588-5745 1902850721
44 F 1902 87 PD

HAWKINS MD, JOHN W, 7301 FRONTAGE RD #200, 66204-0000
722-0080 0
59 M 1902 93 CD

HEIT MD, J ANTHONY, 10600 OUIVIRA RD STE 320, 66215-0000
541-3200 1902890676
63 M 1902 92 OBG

HENRY MD, JOSEPH E, 8901 W 74TH STE 348, 66204-2203
432-8000 1902680361
0 M 1902 0 PUD

HERRON MD, KRISTINE G, 9367 W 75TH ST, 66204-0000
474-9353 1902840792
57 F 1902 0 NEP

HESS MD, STEVEN J, 9119 W 74TH ST STE 260, 66204-2229
432-1100 1902860831
60 M 1902 92 NS

HESSER MD, HERBERT H, 6555 W 75TH ST A #334, 66204-0000
0 1902340242
6 M 1902 34 OO

HETTINGER MD, MICHAEL E, 7504 ANTIOCH RD, 66204-2622
341-3100 4706750431
46 M 4706 81 OPH

HICKS MD, SARA A, 12902 STATE LINE RD, 66209-0000
451-4443 0
64 F 1803 93 FP

HILL MD, RODNEY W, 8901 W 74TH ST #208, 66204-2202
362-0300 1902741573
47 M 1902 75 IM

HITCHCOCK MD, C THOMAS, 8901 W 74TH ST #356, 66204-2203
677-2508 1902730521
47 M 0 82 GS

HOBSON MD, MILBURN W, 5467 W 85TH TER, 66207-1722
0 1902550522
30 M 1902 55 OO

HOOD MD, ROGER W, 8300 COLLEGE STE 105, 66210-2603
451-9310 1643740431
48 M 1643 76 ORS

HOOPES MD, PHILLIP C, 5520 COLLEGE STE 201, 66211-0000
491-3737 3605760944
48 M 3605 0 OPH

HOPKINS MD, LENLY, 7312 ANTIOCH RD, 66204-2739
722-6121 3841560344
30 M 3841 65 GS

HOPKINS MD, WILLIAM O, 8575 W 110TH STE 306, 66210-2620
451-1919 2803610358
33 M 2803 72 ORS

HOUSTON II MD, LAWRENCE MORLEY, 5520 COLLEGE BLVD #460, 66211-1600
451-1311 2803760449
50 M 2803 79 FP

HSU MD, CECILIA C, 7315 E FRONTAGE RD STE 114, 66204-1658
677-2666 24402730478
43 F 24402 84 PD

HUESTON MD, ALLEN L, 7315 FRONTAGE RD #114, 66207-0000
321-1133 0
50 M 1803 0 P

HUMPHREY MD, MARK S, 10600 OUIVIRA RD STE 230, 66215-2311
541-8897 1902840890
58 M 1902 85 ORS

HUSEMAN MD, RICHARD A, 9329 W 74TH ST, 66204-2232
831-2430 1720720961
46 M 1720 75 NEP

INNES MD, ROBERT C, 10226 BRIAR, 66207-3418
0 2802490294
25 M 2802 66 OO

JACKSON MD, ROBERT V, 8901 W 74TH ST #10, 66204-2291
362-1660 2803770401
49 M 2803 80 PD

JACOBS MD, DAVID S, 4 WYCKLOW, 66207
596-4725 2501560785
31 M 2501 65 PATH

JOHNSON MD, J CHRIS, 8901 W 74TH ST STE 145, 66204-2201
722-0020 2846850832
56 M 2846 90 OTO

JOHNSON MD, JOHN E, 6636 GOODMAN, 66203-0000
0 4706430453
17 M 4706 57 OO

JOHNSON MD, PAMELA M, 8901 W 74TH ST #10, 66204-2291
362-1660 1902841233
58 F 1902 87 PD

JOHNSON MD, STEPHANIE E, 5520 COLLEGE BLVD #365, 66211-0000
338-1818 0
58 F 1103 93 IM

JONES MD, CHARLES E, PO BOX 2923, 66201-1323
676-2214 1902600368
31 M 1902 61 FP

JONES MD, H IVOR, 5029 W 120TH TER, 66209-3543
0 80303510072
24 M 80303 59 OO

KARLIN MD, CHARLES A, PO BOX 29194, 66210-2194
599-6777 1902752265
49 M 1902 76 DR

KASHYAP MD, BANSHI P, 8901 W 74TH ST #257, 66204-2202
236-4500 49554710017
47 M 49554 78 IM

KATZ MD, ARNOLD L, 10550 OUIVIRA RD #470, 66215-2304
888-3231 5101700293
44 M 5101 0 RHU

KATZ MD, FRED S, 8901 W 74TH ST #145, 66204-2294
722-0020 1902791066
50 M 1902 58 OTO

KEITGES MD, PIERRE W, 7800 W 110TH, 66210-2306
338-4070 3006570371
33 M 3006 72 PATH

KELLEY MD, GORDON R, 8800 W 75TH STE 100, 66204-4001
384-4200 6002770014
52 M 6002 83 N

KENNEDY MD, KENNTH R, 7004 CAENEN AVE, 66216-2691
0 1902530467
24 M 1902 0 OO

KENNY MD, LAURA M, 7315 FRONTAGE RD #100, 66204-2229
722-1350 1902831009
56 F 1902 87 OBG

KETCHUM MD, LYNN D, 5701 W 119TH STE 237, 66209-3724
451-8567 2101600524
36 M 2101 69 PS

KIRBY MD, HOLLY F, 11201 NALL #100, 66211-0000
451-3030 0
51 F 801 82 D

KOCH MD, KEVIN J, 9100 W 74TH, 66204-4019
676-2214 2846800339
55 M 2846 89 EM

KODANAZ MD, A AYTEKIN, 5710 REINHARDT DR, 66205-3322
0 90201550695
28 M 90201 70 OO

KOPPERS MD, LAWRENCE E, 5555 W 58TH ST, 66202-0000
432-2080 0
40 M 1902 66 END

KOZIKOWSKI MD, BEN M, 9119 W 74TH ST #350, 66204-2203
362-8317 2834550477
30 M 2834 62 ORS

KUBIN MD, DORIS A, 2504 W 71ST, 66208-0000
0 1902430446
15 F 1902 43 OO

KUEBLER MD, KEVIN M, 9359 W 75TH ST, 66204-4000
341-0120 2101750658
50 M 2101 82 CDTS

L'ECUYER MD, JOHN F, 8201 MISSION RD STE 261, 66208-0000
649-0923 0
60 M 3901 91 P

LAMBERT MD, MICHAEL B, 9329 W 74TH ST, 66204-2232
831-2430 3901850827
58 M 3901 0 NEP

LARSON MD, DANUTA O, 5848 FONTANA DR, 66205-3150
0 0
22 F 80303 61 OO

LASH MD, RAY E, 7301 FRONTAGE RD STE 200, 66204-1654
722-0080 1902752338
50 M 1902 76 CD

LEE MD, KING Y, 8901 W 74TH ST, 66204-2240
362-7800 401620371
36 M 401 0 OPH

LEGASPI JR MD, PEDRO L, 10540 BARKLEY STE 70, 66212-1842
676-2479 74801600127
36 M 74801 71 AN

LEMOINE JR MD, ALBERT N, 7645 CANTERBURY ST, 66208-3942
0 2802430992
18 M 2802 47 OO

LENTELL MD, MICHELLE M, 7315 FRONTAGE RD STE #100, 66204-0000
722-1350 0
64 F 2846 93 OBG

LEO MD, WILLIAM A, 4505 W 66TH, 66208-0000
0 1902520445
22 M 1902 52 OO

LEONI MD, PATRICK A, 9100 W 74TH ST, 66201-0000
676-2350 0
48 M 3006 0 PATH

LESTER MD, JOHN BUCKLES, 4140 W 71ST STE 108, 66208-2805
432-7276 1902700681
45 M 1902 71 P

LEVINE MD, H TERRY, 5520 COLLEGE BLVD STE 110, 66211-1600
491-3300 2101850776
59 M 2101 89 A

LEWIN MD, WALTER, 6331 BEVERLY ST, 66202-0000
0 1902560668
30 M 1902 56 OO

LIESE MD, ZIANA A, 8340 MISSION RD STE 101, 66206-0000
341-0775 0
53 F 1902 93 FP

LLOYD MD, JAMES W, 6901 W 121ST ST #20, 66209-2007
451-7886 1902730687
44 M 1902 93 FP

LOCKWOOD MD, TED E, 10600 OUIVIRA RD #470, 66215-2312
894-1070 1902710651
45 M 1902 91 PS

LOTUACO MD, GAMALIEL G, 5520 COLLEGE BLVD #232, 66211-1600
491-6373 74801641184
41 M 0 0 PS

LUND MD, STEPHEN B, PO BOX 2923, 66201-1323
676-2214 2604731529
47 M 2604 89 EM

MALLORY MD, JOHN A, 10600 OUIVIRA RD STE 210, 66215-2311
541-3340 2803710476
43 M 2803 75 IM

MANCINA MD, MICHAEL S J, 10550 OUIVIRA RD STE 360, 66215-0000
599-2222 2604772675
46 M 2604 89 CD

MANTZ MD, FRANK A, 9309 W 103RD, 66212-5503
0 4101380691
12 M 4101 61 OO

MARTIN MD, MELANIE A, 8901 W 74TH ST #390, 66204-2253
236-6455 1902851166
58 F 1902 89 OBG

MASTERS MD, FRANCIS W, 6738 RAINBOW, 66208-2264
0 3545450321
20 M 3545 58 OO

MATHEWS MD, ROBERT M, 10308 METCALF/MAIL SERV INC, 66212-0000
0 1902540608
25 M 1902 54 OO

MAXWELL MD, ROBERT A, 8901 W 74TH ST #10, 66204-2291
362-1660 1902730741
46 M 1902 75 PD

MCCOWEN MD, HERBERT M, 10100 W 119TH STE 275, 66213-0000
491-1616 1902851221
58 M 1902 0 FP

MCCUNE MD, MARK A, 10600 QUIVIRA RD STE 430, 66215-2312
541-3230 1902770883
52 M 1902 81 D

MCEACHEN MD, WILLIAM H, 3700 W 83RD STE 102, 66208-5120
649-3335 1902590575
32 M 1902 60 PD

MCGRATH MD, BARBARA A, 7509 NALL AVE, 66208-4751
381-5544 4109750889
49 F 4109 86 PS

MCGUIRE MD, THOMAS H, 10600 QUIVIRA RD STE 320, 66215-2311
541-3200 1902560731
32 M 1902 0 OBG

MCMURRAY MD, LAURA J, 10550 QUIVIRA RD STE 410, 66215-2304
541-0990 1902831220
57 F 1902 0 OBG

MIGLIAZZO MD, CARL V, 7504 ANTIOCH RD, 66204-2622
341-3100 2803790763
49 M 2803 85 OPH

MILLER MD, F LANCE, 12301 W 106TH ST #200, 66215-2292
492-1111 1902742316
48 M 1902 77 PD

MILLIGAN MD, DONALD B, 11497 W 95TH, 66214-0000
588-1937 2307740632
48 M 2307 75 FP

MILLS MD, BRIAN G, PO BOX 2923, 66204-2923
676-2679 0
61 M 1902 92 AN

MINGLE MD, RALPH R, 9119 W 74TH ST #150, 66204-2201
362-5510 1902801274
54 M 1902 81 FP

MIRABILE MD, JAMES, 12301 W 106TH ST STE 107, 66215-0000
541-0333 2846880821
58 M 2846 92 OBG

MISKEW MD, DON B W, 9119 W 74TH STE 350, 66204-3005
362-8317 6506690020
42 M 6506 80 ORS

MOFFAT MD, ROBERT E, PO BOX 29194, 66201-9194
599-6777 1902680680
42 M 1902 69 DR

MORITZ MD, RICK S, 12316 NIEMAN RD, 66213-2124
371-4343 1902781320
54 M 1902 81 DR

MORONEY MD, JEAN M, 9531 PERRY LN, 66212-0000
0 4107650356
25 F 4107 68 OO

MUEHLBERGER MD, JAMES J, 4601 W 109TH STE 314, 66211-1315
491-3242 3006600360
34 M 3006 70 PD

MURPHY MD, JAY W, 7301 FRONTAGE RD STE 200, 66204-1654
722-0080 3840733016
49 M 3840 74 CD

MURRAY MD, W LEE, 10648 W 87TH ST, 66214-0000
599-2888 1902610614
35 M 1902 78 OPH

NAUER MD, PAULA L, 8340 MISSION RD #101, 66206-1362
341-0775 1902742324
49 F 1902 78 FP

NAVICKAS MD, LEONARD A, 9119 W 74TH ST #150, 66204-2201
362-5510 1902771057
53 M 1902 78 FP

NAZARIO MD, LILIANA E, 10100 W 119TH STE 275, 66213-0000
491-1616 1902851301
57 F 1902 87 FP

NEIBURGER MD, JAMES B, 5520 COLLEGE BLVD #110, 66211-1600
491-3300 1642720518
46 M 1642 75 A

NEIGHBOR MD, ERNEST H, 8612 REINHARDT LANE, 66206-1455
831-3433 1902660751
40 M 1902 67 ORS

NELSON MD, BRYAN C, 8800 W 75TH ST #220, 66204-4001
384-5500 1902752508
50 M 1902 78 PD

NEUBAUER MD, MARCUS A, 12000 W 110TH ST #400, 66210-0000
469-8023 1902881138
61 M 1902 89 ON

NORTON MD, KENNETH A, 8901 W 74TH ST #333, 66204-2248
262-9311 1902752532
50 M 1902 86 IM

NOSTI MD, JUAN C, 8901 W 74TH ST #345, 66204-2289
262-5014 13204630083
38 M 13204 72 PS

NOTHNAGEL MD, ARNOLD F, 9936 EDELWEISS CIR, 66203-4613
0 1902390398
15 M 1902 39 OO

NYE MD, C ERIK, 9119 W 74TH ST #350, 66204-2203
362-8317 3520650571
39 M 3520 78 ORS

O'CONNELL MD, DAVID M, 5520 COLLEGE BLVD STE 370, 66211-0000
469-0110 1902821399
56 M 1902 93 D

O'CONNELL MD, SARA S, 7504 ANTIOCH, 66204-2622
341-3100 1902842086
57 F 1902 92 OPH

OLSON MD, THOMAS H, 8901 W 74TH ST #10, 66204-2291
362-1660 3005791030
54 M 3005 84 PD

OWENS MD, DAVID B, 10600 QUIVIRA RD #440, 66215-2312
492-1844 3006760634
50 M 3006 83 OBG

OXLER JR MD, JOHN E, 8800 W 75TH STE 300, 66204-4001
722-4240 1902720894
46 M 1902 74 IM

PARDO MD, MANUEL P, 6507 SENECA RD, 66208-1719
588-6464 74801623291
35 M 74801 73 P

PARR MD, CATHERINE, 10550 QUIVIRA RD STE 410, 66215-0000
541-0990 1902771146
52 F 1902 80 OBG

PATTERSON MD, JOHN R, 5317 CHADWICK RD, 66205-2622
0 1902480362
20 M 1902 48 OO

PAZELL MD, JOHN A, 12210 W 87TH PKY #120, 66215-0000
541-0509 2501661247
40 M 2501 73 ORS

PEARCE MD, LUNETTA M, 9119 W 74TH ST #208, 66204-2202
362-1525 3005490455
26 F 3005 52 FP

PENTECOST MD, RICHARD L, 6620 RIGGS, 66202-4121
0 1001560626
32 M 1001 65 OO

PERRY MD, MARK A, PO BOX 29194, 66201-9194
599-6777 0
60 M 2802 91 R

PETELIN MD, JOSEPH B, 9119 W 74TH ST #255, 66204-2202
432-5420 1902761043
49 M 1902 81 GPVS

PETERS MD, ERIC A, 5701 W 119TH ST #209, 66209-1635
661-9980 1902881227
62 M 1902 93 IM

PETERSEN MD, GERALD D, 4121 W 83RD ST #254, 66208-5303
648-3911 1902600635
30 M 1902 66 IM

PETERSON MD, ILA M, 10550 QUIVIRA RD 5TH FL, 66215-0000
541-5230 4501752075
50 F 4501 89 PATH

PFUETZE MD, BRUCE L, 11725 W 112TH, 66210-0000
469-5579 1902680795
42 M 1902 69 A

PFUETZE MD, KARL D, 10550 QUIVIRA RD STE 510, 66215-2305
492-6200 1902660832
40 M 1902 67 CD

PHILLIPS MD, WARREN G, 8201 MISSION #261, 66208-5212
649-0923 1902600643
26 M 1902 63 P

PILCHARD MD, WILLIAM A, 8901 W 74TH ST #285, 66204-2287
362-3210 1602650436
39 M 1602 72 OPH

PINGLETON MD, WILLIAM W, 8901 W 74TH STE 348, 66204-2203
432-8000 3901670675
42 M 3901 0 PUD

PIPPIN MD, LYNNE K, 17409 W 66TH TER, 66217-9734
281-8400 35207720036
48 F 35207 72 AN

PITTS MD, RONALD L, 8901 W 74TH ST #330, 66204-2286
362-2524 2002620831
35 M 2002 72 D

PORTO JR MD, ANTHONY F, 10550 QUIVIRA RD STE 120, 66215-2302
894-9125 3006750604
50 M 3006 85 ENT

POWELL MD, CAROL W, 8216 CHEROKEE CIR, 66206-1130
381-3785 1902510652
25 F 1902 51 P

POWELL MD, KENNETH A, 8216 CHEROKEE CIR, 66206-1130
381-3785 1902530688
25 M 1902 53 IM

PRENDES MD, CARLOS A, 6540 W 95TH, 66212-1435
381-5550 3005791099
50 M 3005 81 FP

PRICE MD, JAMES G, 12205 MOHAWK RD, 66209-2137
0 702510481
26 M 702 78 OO

PRONKO MD, MICHAEL J, 4121 W 83RD STE 223, 66208-5317
648-7878 1902600660
34 M 1902 61 P

PROUD MD, G ONEIL, 3721 W 87TH, 66206-1643
0 2802390664
13 M 2802 50 OO

QUIGLEY MD, JAMES, PO BOX 2923, 66201-1323
676-2340 2803771165
50 M 2803 84 PATH

RACELA JR MD, ANTONIO S, 10633 WIDMER RD, 66215-2071
541-5584 0
37 M 74802 0 PATH

RASMUSSEN MD, THOMAS J, 8800 W 75TH ST STE 350, 66204-4001
362-0031 1902861374
59 M 1902 0 ORS

REED JR MD, WILLIAM O, 8901 W 74TH ST #225, 66204-2258
831-2604 2803771131
50 M 2803 83 ORS

REVELS MD, HARRY, 5520 COLLEGE BLVD #201, 66211-1600
491-3737 2834560855
31 M 2834 92 OPH

REYNOLDS MD, MICHAEL G, 8701 W 74TH ST STE 285, 66204-0000
362-3210 0
61 M 1902 92 OPH

RICE MD, BERNARD F, 8901 W 74TH ST #125, 66204-2285
262-9222 4113560989
31 M 4113 79 END

RICHARDSON II D O, LESTER E, PO BOX 2923, 66201-2923
676-2214 3875830201
53 M 3875 90 EM

RICHARDSON MD, JAY L, 10550 QUIVIRA RD #230, 66215-2307
541-8346 1902650748
38 M 1902 66 GS

RICHTER MD, DON G, 10540 BARKLEY STE 70, 66212-1842
268-0500 1902761116
50 M 1902 79 AN

RICK JR MD, GREGORY G, 8901 W 74TH ST #372, 66204-2200
831-9300 1902660867
40 M 1902 67 GE

RIDGWAY MD, LEAH D, 9119 W 74TH ST STE 300, 66204-0000
677-3113 0
62 F 4804 92 OBG

RIEKHOF MD, PAUL L, 10600 QUIVIRA RD STE 320, 66215-2311
541-3200 2803650627
40 M 2803 0 OBG

RIFFEL MD, LAWRENCE D, 10600 QUIVIRA RD STE 210, 66215-2311
541-3340 1902781567
53 M 1902 81 IM

ROBERTSON MD, EDWARD J, 10540 BARKLEY #70, 66212-1842
676-2479 1902761124
46 M 1902 78 AN

ROBINSON MD, DAVID W, 7930 BRISTOL CT, 66208-5220
0 4101380985
14 M 4101 40 OO

ROBINSON MD, JOHN D, 10540 BARKLEY #70, 66212-1842
268-0500 1902741743
48 M 1902 75 AN

ROPE MD, DOUGLAS M, 11100 ASH STE 200, 66211-1764
491-6311 1902751111
50 M 1902 92 IM

ROSENBERG MD, STANTON L, 7301 MISSION RD STE 332, 66208-3005
362-8080 1902550972
30 M 1902 55 P

ROSENTHAL MD, RICHARD H, 8000 W 110TH ST #105, 66212-0000
469-1411 2846760281
50 M 2846 0 IM

RUBIN MD, HERBERT M, 12301 W 106TH ST STE 200, 66215-2292
492-1111 2803630511
37 M 2803 72 PD

RYAN MD, MICHAEL E, 8800 W 75 #100, 66204-4001
384-4200 1902720975
46 M 1902 73 N

RYMER MD, ROBERT A, 8901 W 74TH ST #373, 66204-4096
722-0170 702680581
41 M 702 80 OPH

SATHYANARAYANA MD, SARASWATHI, 8901 W 74TH ST #20, 66204-2240
677-2281 49509670144
45 F 0 76 OBG

SAWKAR MD, LAXMIDAS A, 8901 W 74TH ST #312, 66204-2280
384-4844 49523660046
36 M 49523 74 ON

SAXER MD, JOHN J, 12902 STATE LINE, 66209-1649
451-4443 1643850997
59 M 1643 87 FP

SCHLICHTER MD, KIMBERLY A, 9119 W 74TH STE 268, 66204-2229
831-2334 2834821331
56 F 1902 87 OBG

SCHREPFER MD, ROSEMARY, 6401 ENSLEY LN, 66208-1933
0 1902470553
22 F 1902 47 OO

SCHROLL MD, JOHN T, 8901 W 74TH ST #248, 66204-2281
384-4990 1902761213
51 M 1902 77 OBG

SCHWARTZ MD, ANDREW M, 9359 W 75TH ST, 66204-4000
341-0120 1002811711
54 M 1002 90 TS

SCLAR MD, WILLIAM C, 10600 QUIVIRA RD STE 400, 66215-2312
541-3240 2501721720
46 M 2501 79 GS

SHAAD MD, DOROTHY J, 2322 W 51ST, 66205-2010
0 1902441341
9 F 1902 44 OO

SHAFFER MD, KATHLEEN B, 8800 W 75TH ST #220, 66204-4001
384-5500 2846790031
54 F 2846 82 PD

SHERIDAN MD, RANDY M, 8901 W 74TH ST #390, 66204-2253
236-6455 1902781681
53 M 1902 81 OBG

SHIMSHAK MD, KAREN S, 8901 W 74TH ST STE 373, 66204-0000
722-6668 0
59 F 5606 0 PDO

SIFERS MD, TIMOTHY M, 8901 W 74TH ST #356, 66204-2203
677-2508 1902741760
48 M 1902 75 GS

SILVER MD, BRADD J, 7301 FRONTAGE RD #100, 66204-1654
432-2280 1205760811
50 M 1205 77 IM

SIMON MD, STEVEN M, 5701 W 110TH, 66211-2504
491-2440 30501830310
47 M 30501 84 PM

SIMONE MD, JOSEPH N, 8901 W 74TH ST #235, 66204-2287
362-3210 1902831670
49 M 1902 87 OPH

SINCLAIR MD, RICHARD H, 10600 OUIVIRA RD STE 320, 66215-2311
541-3200 0
37 M 2834 75 OBG

SMITH MD, DALE C, 10232 FOSTER ST, 66212-0000
0 1902450668
20 M 1902 45 OO

SMITH MD, DONALD J, 6841 WOODSON, 66204-1544
384-9040 1902490635
18 M 1902 49 FP

SMITH MD, MARGARET H, 10600 OUIVIRA RD STE 320, 66215-2311
541-3200 1902840725
58 F 1902 0 OBG

SMITH MD, WILLIAM P, PO BOX 29194, 66201-9194
599-6777 1902771405
51 M 1902 79 R

SNODELL MD, FIRMIN E, 5555 W 58TH ST, 66202-1999
432-2080 1902610754
31 M 1902 62 IM

SNOW JR MD, ARTHUR D, PO BOX 7004, 66207-7004
469-1730 1902752800
45 M 1902 76 FP

SPITTLER MD, LEO J, 10550 OUIVIRA RD, 66215-1000
541-5384 0
50 M 3005 83 DR

STASS-ISERN MD, MERRILL, 10550 OUIVIRA RD #335, 66215-2308
888-1888 84706770011
50 F 84706 78 PDO

STEINZEIG MD, SHERMAN M, 4407 W 71ST, 66208-3500
0 1902520640
25 M 1902 52 OO

STITES MD, SANDRA R, 10600 OUIVIRA RD STE 320, 66215-2311
541-3200 2803860940
60 F 2803 90 OBG

STRICKLAND MD, JOHN T, 8901 W 74TH ST #32, 66204-2254
831-1003 2803840965
58 M 2803 89 U

STRIEBINGER MD, CHARLES M, 9119 W 74TH ST STE 260, 66204-2203
432-1100 1606711197
45 M 1606 77 NS

STUCKEY MD, CHARLES E, 10600 OUIVIRA RD STE 350, 66215-2312
541-3377 3005680815
41 M 3005 80 GS

SUGAR MD, ROBERT L, 8901 W 74TH ST #248, 66204-2281
384-4990 3508661401
40 M 3508 72 OBG

SULLIVAN JR MD, HENRY B, 5817 NIEMAN RD #320, 66203-2894
631-6160 1902520666
24 M 1902 52 FP

SULLIVAN MD, TOM G, 10600 OUIVIRA RD STE 320, 66215-2311
541-3200 1902711101
44 M 1902 75 OBG

TAYLOR MD, THOMAS F, 13347 W 105TH ST, 66215-0000
0 1902530858
26 M 1902 53 OO

TAYLOR MD, THOMAS L, 8901 W 74TH ST #34, 66204-2278
362-9444 1902661031
40 M 1902 67 GS

TENNY MD, ROBERT T, 8901 W 74TH ST #200, 66204-2202
831-0000 1902761361
51 M 1902 81 NS

THOMAS MD, MARTY H, 10600 OUIVIRA RD STE 320, 66215-2311
541-3200 1902790931
51 F 1902 84 OBG

THOMPSON MD, MICHAEL F, 10550 OUIVIRA RD STE 260, 66215-2303
541-0577 3005791323
53 M 3005 89 GE

THOMPSON MD, ROBERT F, 4601 W 109TH ST STE 320, 66211-1315
339-6665 2803850995
58 M 2803 90 OTO

THOMSEN MD, GARY, 9119 W 74TH ST #150, 66204-2201
362-5510 3005762722
51 M 3005 77 FP

TOALSON MD, WILLIAM B, 7301 FRONTAGE RD STE 200, 66204-1654
722-0080 1902630836
37 M 1902 64 CD

TOWLE MD, DANA R, 5701 W 119TH STE 237, 66209-3724
451-8567
59 M 2834 90 PS

TREMPY MD, GREGORY A, 10540 BARKLEY STE 70, 66212-0000
676-2479 1902861790
59 M 1902 93 AN

TRETBAR MD, LAWRENCE L, 8901 W 74TH ST #300, 66204-2277
677-1776 1902600881
33 M 1902 67 GS

TROMBOLD MD, JANNA S, 5701 W 119 #430, 66209-3722
338-1818 4812901830
50 F 4812 93 IM

TUCKER MD, SHERIDAN G, 7299 W 98TH TER STE 150, 66212-6183
341-5800 1902752940
50 M 1902 77 CHP

TYSON MD, MARY M, 8800 W 75TH #220, 66204-0000
384-5500 3901880912
58 F 3901 92 PD

VALK MD, WILLIAM L, 5401 W 81ST, 66208-4926
0 2501370790
9 M 2501 46 OO

VANNAMAN MD, DONALD D, 10600 OUIVIRA RD STE 330, 66215-2312
541-3300 1902711135
43 M 1902 72 PD

VODONICK MD, DAVID S, PO BOX 2923, 66201-1323
676-2214 1902801584
50 M 1902 90 EM

WALD MD, JEFFREY A, 4500 COLLEGE BLVD STE 200, 66211-5760
491-5501 2803800980
54 M 2803 89 A

WALKER MD, JACK D, 7903 W 118TH TER, 66210-2570
0 1902530912
22 M 1902 53 OO

WANG MD, SIDNEY W, 7315 FRONTAGE RD #115, 66204-1658
722-2020 38503570049
32 M 38503 70 FP

WAXMAN MD, DAVID, 12516 W 85TH TER, 66215-2858
588-1227 3515500358
18 M 3515 70 IM

WEBB MD, JAMES R, 5949 NIEMAN RD, 66203-2907
631-0900 1902610851
34 M 1902 62 FP

WHITAKER MD, MARK A, 10550 OUIVIRA RD STE 200, 66215-2292
492-1111 1902771596
53 M 1902 0 PD

WHITEHEAD MD, RICHARD E, 9119 W 74TH ST #350, 66204-2203
362-8317 2501581618
31 M 2501 65 ORS

WHITFIELD MD, STEVEN S, 7301 FRONTAGE RD STE 200, 66204-1654
722-0080 1902821968
56 M 1902 0 CD

WHITLEY MD, DOUGLAS M, 4601 W 109TH STE 202, 66211-1314
491-3376 1902600953
34 M 1902 61 D

WIEGHARD MD, C MICHAEL, PO BOX 2923, 66201-1323
676-2214 1720792881
54 M 1720 90 EM

WIGGINTON D O, GERALD D, 8800 W 75TH ST #220, 66204-4001
384-5500 2878700051
44 M 2878 73 PD

WILEY MD, JOHN H, 9119 W 74TH ST #268, 66204-2202
831-2334 4113631151
37 M 4113 70 OBG

WILLIAMS MD, THOMAS A, 10550 QUIVIRA RD STE 220, 66215-2303
894-4111 1902620920
36 M 1902 63 FP

WILSON MD, ROBERT B, 6117 W 119TH APT 3318, 66209-3703
0 1902400601
10 M 1902 40 OO

WILSON MD, SLOAN J, 5618 W 62ND, 66202-3531
0 1902360618
10 M 1902 36 OO

WINCHESTER MD, PAUL D, 10500 QUIVIRA RD, 66215-0000
541-5275 702761247
48 M 702 90 PD

WOHLER MD, JOHN P, 14310 W 57TH TER, 66216-0000
0 0
46 M 3901 85 FP

WOLKOFF MD, A STARK, 5304 W 83RD TER, 66207-1705
0 4109500718
21 M 4109 65 OO

WOOD MD, FRED M, 8901 W 74TH ST #225, 66204-2258
831-2604 4706620589
38 M 4706 80 ORS

WURSTER MD, G RICHARD, 8201 MISSION #261, 66208-5212
649-0923 1902610908
35 M 1902 62 P

YEOMANS MD, RONALD N, 4401 W 109TH, 66211-1303
345-1400 1902670986
40 M 1902 68 OBG

YOHE MD, RUTH M, 8600 W 95TH, 66212-3201
383-3377 4107540437
26 F 4107 59 PDA

YOUNG MD, JOHN W, 9119 W 74TH ST #306, 66204-2203
432-0001 4706630401
37 M 4706 72 PS

YOUNGLOVE MD, HAL, 10550 QUIVIRA RD STE 410, 66215-2304
541-0990 3005752379
50 M 3005 89 OBG

YUT JR MD, JOSEPH P, PO BOX 29194, 66201-9194
469-8998 1602831058
57 M 1602 85 DR

ZAMIEROWSKI MD, DAVID S, 8800 W 75TH STE 340, 66204-4001
831-4113 2307680958
42 M 2307 78 PS

SMITH CENTER — 913
(Central Kansas Medical Society)

BARNES MD, JOE L, PO BOX 285, 66967-0285
282-6834 1902820082
54 M 1902 89 FP

CONANT MD, FERRILL R, PO BOX 285, 66967-0285
282-6834 1902860343
56 M 1902 0 GP

SHEPPARD MD, ROBERT G, 400 W COURT, 66967-2504
0 1902450625
21 M 1902 45 OO

SOUTH HAVEN — 316
(Cowley County Medical Society)

UBELAKER MD, ERNEST J, PO BOX 197, 67140-0197
892-2261 1902380597
11 M 1902 38 FP

SOUTH HUTCHINSON — 316
(Reno County Medical Society)

HANSON MD, DAVID C, 10 S MAIN ST, 67505-1508
669-6600 512731139
46 M 512 74 FP

SPRING HILL — 913
(Wyandotte County Medical Society)

GALLEHUGH MD, KEITH W, 14185 W 199TH ST, 66083-8952
0 1902570281
32 M 1902 57 OO

ST FRANCIS — 913
(Northwest Kansas Medical Society)

CRAM MD, ERNEST R, PO BOX 625, 67756-0625
0 1902520178
24 M 1902 52 OO

STEPHENSON MD, LUCILLE C, BOX 824, 67756-0824
0 1902320438
6 F 1902 32 OO

ST MARYS — 913
(Pottawatomie County Medical Society)

SEELEY MD, JAMES C, 503 E HIGHWAY 24, 66536-0000
437-2256 1902640785
34 M 1902 65 GP

STAFFORD — 316
(Ninnescah Medical Society)

FARMER III D.O., F J, PO BOX 309, 67578-0309
234-6826 2878790688
52 M 2878 80 FP

STERLING — 316
(Rice County Medical Society)

DYSART MD, JACK C, 224 N 4TH, 67579-1930
0 1601390201
12 M 3901 41 OO

SIMPSON MD, TOM C, 239 N BROADWAY, 67579-1916
278-2123 1902731071
47 M 1902 74 FP

STILLWELL — 913
(Johnson County Medical Society)

ARMBRUSTER MD, ALBERT A, 3540 W 199, 66085-9258
0 512550045
17 M 512 58 OO

STOCKTON — 913
(Central Kansas Medical Society)

MAUCK MD, HAROLD C, 14 HILLCREST DR, 67669-1203
0 1902540616
20 M 1902 54 OO

VOTAPKA MD, WILLIAM L, PO BOX 538, 67669-0538
0 1902530904
24 M 1902 53 OO

SYRACUSE — 316
(Southwest Kansas Medical Society)

ALTER MD, BRUCE R, PO BOX 749, 67878-0749
384-7350 64927820020
43 M 3607 0 FP

PETTERSON MD, CECIL E, PO BOX 1045, 67878-1045
384-5731 1902390436
14 M 1902 39 FP

TONGANOXIE — 913
(Douglas County Medical Society)

STEVENS MD, PHILIP L, BOX 319, 66086-0319
845-2090 1902540918
27 M 1902 54 FP

TOPEKA — 913
(Shawnee County Medical Society)

ALIFIMOFF MD, JAMES K, 823 SW MULVANE 2A, 66606-0000
235-3451 0
53 M 4112 91 AN

ALLEN MD, JAMES E, 2947 SW WANAMAKER DR, 66614-5322
273-2552 1902720037
46 M 1902 73 IM

ALLEN MD, TIMOTHY E, 823 SW MULVANE, 66606-1679
234-3451 1902761817
49 M 1902 79 R

AMARANENI MD, PRASUNAMBA G, PO BOX 829, 66606-9603
273-7500 0
54 F 49550 91 N

ARJUNAN MD, K N, 634 SW MULVANE ST #202, 66606-1678
232-3555 49514700051
44 M 49568 83 NS

ARTZER MD, DENNIS C, 901 GARFIELD, 66606-1670
354-9591 1902760055
51 M 1902 0 NEP

ARUNAKUL MD, PUNYA, 1710 SW 10TH AVE, 66604-1340
234-2624 89102690622
44 M 89104 80 OTO

ASHLEY JR MD, B JOHN, 1616 SW 8TH, 66606-1990
233-2280 1902560048
31 M 1902 56 OPH

ASHLEY MD, BYRON J, 3222 PLASS, 66611-2058
0 1902240019
98 M 1902 24 OO

ASHLEY MD, THOMAS J, 1616 SW 8TH ST, 66606-1634
233-2280 1902840083
58 M 1902 88 OPH

ATWOOD D O, ERIC B, BOX 829, 66601-0829
273-7500 2878860562
58 M 2878 87 P

ATWOOD MD, MICHAEL D., 901 GARFIELD, 66606-1670
354-0570 1902820040
56 M 1902 84 FP

AVERILL MD, STUART C, PO BOX 829, 66601-0829
273-7500 502520041
24 M 502 58 P

BAIR MD, GLENN O, 1125 SW GAGE #C, 66604-1774
273-3900 2401570066
31 M 2401 59 IM

BAKER MD, PHILLIP L, 909 MULVANE, 66606-1682
357-0301 3005630061
37 M 3005 63 ORS

BAKER MD, RAY D, 4430 MARLBORO RD, 66610-0000
0 4812550051
30 M 4812 67 OO

BARABAN MD, MARC R, 823 SW MULVANE STE 200, 66606-1679
357-5325 2846750030
50 M 2846 80 PS

BARNETT MD, ROBERT E, 823 SW MULVANE ST STE 280, 66606-1679
235-0202 2802820031
57 M 2802 84 OBG

BASSETT MD, PAUL M, 1500 SW 10TH AVE, 66604-1301
354-6100 1902770077
52 M 1902 80 EM

BAUM MD, CURTIS A, 823 SW MULVANE ST 4TH FL, 66606-1679
345-9591 1902830193
57 M 1902 84 IM

BECK MD, JOSEPH D, 2760 SW BURLINGAME RD, 66611-1314
0 3005430118
18 M 3005 47 OO

BEDFORD MD, D R, PO BOX 4927, 66604-0927
0 4802400140
9 M 4802 46 OO

BEELMAN MD, FLOYD C, 7220 SW ASBURY DR APT 1-210, 66614-0000
0 3840350079
2 M 3840 36 OO

BELLOWS-BLAKELY MD, DAVID S, PO BOX 829, 66601-0829
273-7500 1902770123
51 M 1902 0 P

BLEIBERG MD, EFRAIN, PO BOX 829, 66601-0829
273-7500 64902760057
51 M 64930 78 P

BONEBRAKE MD, C RICHARD, 634 SW MULVANE ST STE 104, 66606-1678
295-5330 1606750184
48 M 1606 79 OBG

BOREL MD, DAVID, 1700 SW 7TH ST, 66606-1690
295-8473 1902710104
45 M 1902 72 PATH

BORGE MD, CARLOS A, 823 SW MULVANE ST STE 275, 66606-1679
233-7138 64903770064
54 M 64914 88 P

BOWEN JR MD, HARRY J, 1900 SW PEMBROOK LN, 66604-3263
0 1902370087
11 M 1902 37 OO

BOWEN MD, CLOVIS W, 900 SW 31ST ST #320, 66611-2196
0 1902370079
12 M 1902 37 OO

BOWEN MD, JUDITH M, PO BOX 829, 66601-0829
273-7500 4720820035
55 F 4720 84 P

BOYER MD, DEBORAH A, 1700 W 7TH, 66606-1674
295-8448 3006830101
58 F 3006 89 AN

BRANDSTED MD, MARK W, 1001 SW GARFIELD AVE, 66604-1368
233-4256 1902761647
49 M 1902 78 U

BRAUN MD, ROBERT W, 823 SW MULVANE 4TH FL, 66606-1679
354-9591 2803700063
44 M 2803 76 IM

BRIDWELL MD, RUSSELL E, 4715 W CEDAR CREST, 66606-2213
0 1902510075
26 M 1902 51 OO

BRODSKY MD, TRINA A, 634 SW MULVANE STE 104, 66606-1678
295-5330 1401840415
53 F 1401 0 OBG

BRUCE MD, KAREN E, 631 SW HORNE STE 340, 66606-0000
234-0880 5404870132
60 F 5404 92 FP

BRUNER JR MD, KENNETH W, 1125 SW GAGE BLVD #B, 66604-1797
271-6164 2401701373
44 M 2401 74 D

BURNETT D O, MICHAEL E, 901 SW GARFIELD, 66606-0000
354-9591 0
55 M 2879 0 PUD

BUSKIRK MD, JAMES R, PO BOX 829, 66601-0829
273-7500 2604763056
40 M 2604 0 P

CACHIA MD, RICHARD M, 1700 SW 7TH ST, 66606-1690
295-8472 62701730017
51 M 62701 78 PATH

CAMPBELL MD, ROBERT P, 1500 W 10TH AVE, 66604-0000
354-4900 0
50 M 4002 0 OM

CARNEY MD, LISA A, 4100 SW 15TH ST, 66604-4333
273-8224 1902890200
62 F 1902 0 PD

CASHMAN JR MD, MAURICE R, 823 SW MULVANE STE 400, 66606-1679
354-9591 1902610151
35 M 1902 66 ON

CASTEEN MD, JOHN A, 901 SW GARFIELD AVE, 66606-1695
354-9591 0
60 M 1902 88 CD

CHALLA MD, SHEKHAR K, 2200 SW 6TH #104, 66606-1707
354-8518 49557790062
56 M 49521 87 GE

CHEN MD, CHU-CHI, 1710 SW 10TH AVE #200, 66604-1331
354-4465 24405730037
47 M 24405 81 U

CHEN MD, TAK-MING, 823 SW MULVANE #230, 66606-1679
235-3451 24405680161
41 M 24402 76 AN

CHERRY JR MD, ARTHUR C, 3500 SW 6TH ST, 66606-1905
235-0335 3806530114
27 M 3806 58 PD

CLARK MD, CRAIG N, 300 SE NORWOOD, 66607-2216
0 1902580197
29 M 1902 58 OO

COHEN MD, LOUIS, 823 MULVANE STE 385, 66606-1679
233-7175 1902410101
14 M 1902 41 IM

COKER MD, W LAURENCE, 901 SW GARFIELD AVE, 66606-1670
354-0570 1902780366
53 M 1902 81 FP

COLLINS MD, DEAN T, PO BOX 829, 66601-0829
0 1902550239
28 M 1902 55 OO

COLLINS MD, EDWARD J, 900 WASHBURN, 66606-1653
233-3242 1611710344
45 M 1611 77 OPH

CONOVER MD, MARGARET A, 1700 W 7TH, 66606-1674
295-8448 3006840191
58 F 3006 89 AN

CONROW MD, JEFFREY K, 823 SW MULVANE, 66606-1679
354-9591 1902770328
52 M 1902 0 IM

COOLEY MD, DENNIS M, 3500 SW 6TH STE B, 66606-2806
235-0335 1902770336
51 M 1902 79 PD

COOLIDGE MD, THOMAS T, BOX 4321, 66604-0321
291-7000 1902590150
33 M 1902 60 GS

COON MD, STEPHEN D, 1700 SW 7TH ST, 66606-1674
295-8008 1902830479
56 M 1902 85 RO

COPPLE JR MD, HAL E, 4100 SW 15TH ST, 66604-4333
273-8224 3005780232
46 M 3005 84 PNP

COTTON MD, ROBERT T, 7520 OXFORDSHIRE RD, 66614-4654
0 1902450161
19 M 1902 45 OO

COULON MD, GERARD, 1700 SW 7TH ST, 66606-0000
295-8090 49550790032
53 M 2101 90 EM

COX MD, MICHAEL R, 831 SW MULVANE, 66606-0000
354-9591 1902901953
63 M 1902 0 IM

CRARY MD, JOHN E, 2310 SW MAYFAIR PL, 66611-2054
0 1902430250
18 M 1902 43 OO

CROUCH MD, STEVEN W, 4100 SW 15TH ST, 66604-4333
273-8224 1902760365
51 M 1902 77 PD

CROUCH MD, WILLIAM H, 5333 SW REEDER ST, 66604-2097
0 2802450217
20 M 2802 51 OO

CURTIS MD, JEFFERY L, 901 GARFIELD, 66606-1670
354-9591 1902810192
55 M 1902 82 CD

DAMMON JR MD, JAMES W, 833 SW GARFIELD AVE, 66606-2701
233-1690 4812820422
56 M 4812 89 CDTS

DATTILO MD, RAYMOND, 634 MULVANE STE 203, 66606-1678
233-9643 55002820110
55 M 55002 88 CD

DAUGHETY MD, TED W, 901 GARFIELD, 66606-1670
354-9591 4812740267
49 M 4812 86 IM

DAVIS MD, CHESTER R, 1710 SW 10TH AVE #101, 66604-1365
232-6020 1902751889
50 M 1902 76 FP

DE SILVA MD, MAHASEN T, 823 MULVANE STE 275, 66606-1679
233-7138 22001680068
43 M 22001 0 P

DELGADO MD, SERGIO, 634 MULVANE STE 100, 66606-1678
357-0352 2501620389
37 M 2501 74 ORS

DELGADO MD, SERGIO V, PO BOX 829, 66601-0829
273-7500 64902810011
57 M 64902 82 P

DESAI MD, SAMIR R, 2200 SW 6TH #104, 66606-0000
354-8518 49589850067
62 M 49589 0 IM

DONEPUDI MD, RAO S, 1700 W 7TH, 66606-1674
295-8448 49550740132
49 M 49550 82 AN

DUNIVEN MD, PHILIP L, 823 SW MULVANE, 66606-1679
234-3451 4812770425
52 M 4812 81 R

DURST JR MD, ROBERT D, 1706 SW 10TH AVE, 66604-1306
357-5166 2803690980
42 M 2803 72 D

EATON MD, EDWARD L, 823 MULVANE STE 275, 66606-1679
233-7138 401721134
40 M 401 73 P

EBELING MD, JOHN D, 634 SW MULVANE STE 202, 66606-0000
232-3555 3901850428
59 M 3901 92 NS

EDDS MD, BRECK A, 634 SW MULVANE ST #104, 66606-1678
295-5330 1902840547
56 M 1902 88 OBG

EINSPAHR MD, DAVID E, 823 MULVANE 4TH FL, 66606-1679
354-9591 3005801990
54 M 3005 87 ON

ELDER MD, D MIKEL, 823 SW MULVANE, 66606-1679
234-3451 1902690294
41 M 1902 73 DR

ENGELKEN MD, MICHAEL K, 631 SW HORNE, 66606-0000
234-0880 0
55 M 1902 0 FP

EVANS MD, JOHN F, 1500 SW 10TH STE 2-N, 66606-1301
354-5952 2803700225
42 M 2803 71 OBG

FAIRCHILD MD, RICHARD S, 901 GARFIELD, 66606-1670
354-9591 1902742120
48 M 1902 0 END

FARMER MD, SUSAN E, 5847 SW 29TH, 66614-0000
273-7292 0
58 F 5107 94 P

FEAGAN MD, JERRY H, 2200 SW 6TH, 66606-1707
233-3555 1902630216
39 M 1902 64 GE

FEIFAREK MD, MICHAEL J, 900 SW WASHBURN, 66606-1653
235-3322 5605820338
50 M 5605 0 OPH

FIELD MD, RICHARD A, 823 SW MULVANE #230, 66606-1679
235-3451 1902550387
29 M 1902 55 AN

FIELD-KRESIE MD, DEBBIE A, 800 SW LINCOLN ST, 66606-1598
233-5101 1902850488
59 F 1902 88 OBG

FLATT MD, DAVID R, 901 GARFIELD, 66606-0000
354-9591 1803750374
45 M 1803 0 CD

FRANKLIN JR MD, BENJAMIN A, 823 SW MULVANE, 66606-1679
234-3451 1902760497
45 M 1902 77 R

FRYE MD, DOUGLAS D, 1130 N KANSAS AVE, 66608-0000
345-8637 702820375
53 M 702 91 OM

GABBARD MD, GLEN O, PO BOX 829, 66601-0829
273-7500 1601750950
49 M 1601 76 P

GANDHI MD, SHANTIKUMAR K, 833 SW GARFIELD AVE, 66606-2701
233-1690 49501650250
40 M 49501 78 TS

GARDNER MD, J DOUGLAS, 823 SW MULVANE, 66606-1670
354-9591 1902760501
51 M 1902 78 RHU

GAY MD, JOHN D, 823 SW MULVANE, 66606-1679
234-3451 4802680452
42 M 4802 74 DR

GEIS MD, DICK A, 1130 N KANSAS AVE, 66608-1670
354-8637 1902730407
47 M 1902 84 OM

GEIST MD, MICHAEL J, 9544 SW 45TH ST, 66610-0000
272-5588 1902850858
58 M 1902 0 GP

GENDEL MD, JOSEPH E, PO BOX 4127, 66604-0127
0 4804370205
12 M 4804 52 OO

GERNON MD, CROSBY L, 823 SW MULVANE RM 1, 66606-0000
234-3451 0
62 M 1902 0 R

GIESSEL MD, MICHAEL D, 823 MULVANE 4TH FL, 66606-1679
354-9591 1902740364
48 M 1902 74 D

GIMPLE MD, KENNETH, 631 HORNE STE 200, 66606-1663
233-7491 1902710406
45 M 1902 78 ORS

GIROUX MD, GUY M, 1700 W 7TH, 66606-1674
295-8440 3006840336
57 M 3006 0 AN

GLEASON MD, JIMMIE A, 800 LINCOLN, 66606-1515
233-5101 1902580332
33 M 1902 60 OBG

GOERING MD, EMIL L, 1946 W 8TH ST, 66606-0000
0 1902570329
27 M 1902 57 OO

GOULD MD, JILL C, 533 SW DANBURY LN, 66606-0000
273-9549 0
42 F 1902 0 PATH

GRAYIB MD, ANTOINE S, 1625 OAKLEY, 66604-2664
0 60501460055
18 M 60501 58 OO

GREENBERG MD, MARK G, 823 SW MULVANE, 66606-1679
234-3451 1611720633
46 M 1611 76 R

GREENE MD, RUSSELL E, 1700 SW 7TH ST, 66606-0000
295-8008 515790187
53 M 515 83 TR

GUTOVITZ MD, ALLEN L, 634 SW MULVANE ST STE 203, 66606-1678
233-9643 1611720668
46 M 1611 79 CD

HACKER MD, ELAINE M, 3026 QUAIL CREEK DR, 66614-4132
0 2604500250
25 F 2604 78 OO

HAGGERTY III MD PHD, JESSE C, 631 SW HORNE STE 340, 66606-2727
234-0880 1205870454
55 M 1205 92 FP

HALL MD, ROY P, 634 SW MULVANE ST STE 402, 66606-1678
295-5310 5107850432
59 M 5107 88 FP

HALLEY MD, M MARTIN, 901 SW GARFIELD AVE 2ND FL, 66606-1670
233-1710 2401530579
27 M 2401 59 TS

HAMILTON JR MD, JAMES J, 823 SW MULVANE ST STE 220, 66606-1679
232-0444 1902810346
55 M 1902 87 GPVS

HANSEN MD, ERIC E, 1504 SW 8TH ST, 66606-2714
235-6600 64935840242
51 M 64935 90 PM

HARRIS MD, PATRICIA A, 1617 SW 26TH ST, 66611-1332
0 1902540446
29 F 1902 54 OO

HARVEY MD, BRUCE E, 1500 SW 10TH AVE, 66604-1353
354-6100 3005800616
55 M 3005 0 EM

HARVEY MD, R CLAY, 823 SW MULVANE ST, 66606-1679
234-3451 1902780773
52 M 1902 79 R

HATCHER MD, ELIZABETH R, PO BOX 829, 66601-0829
273-7500 2301870658
45 F 2301 87 P

HEBBAR MD, SATYA N, 634 SW MULVANE ST STE 203, 66606-1678
233-9643 49509630240
39 M 49509 74 CD

HEDEGAARD MD, CHERYL K, 634 SW MULVANE ST STE 104, 66606-1678
295-5330 3005830574
46 F 3005 87 OBG

HEEB MD, CAMILLE S., 631 SW HORNE, 66606-2806
234-4624 1902790841
44 F 1902 83 PD

HILL MD, ROBERT N, 901 GARFIELD, 66606-1670
354-9591 1902670391
14 M 1902 68 IM

HIRSCHBERG MD, J COTTER, PO BOX 829, 66601-0829
273-7500 1602400103
15 M 1602 52 CHP

HISZCZYNSKYJ MD, ROMAN, 1500 SW 10TH AVE, 66604-1301
354-6031 1803660472
35 M 1803 70 PATH

HOBBS MD, DONALD D, 2858 PLASS, 66611-1630
0 2401540582
28 M 2401 63 OO

HOLMES MD, ROBERT W, 901 GARFIELD, 66606-1670
354-9591 1902770662
52 M 1902 80 IM

HOSTETTER MD, M MORGAN, 800 SW LINCOLN ST, 66606-1598
233-5101 1902691215
46 F 1902 74 OBG

HOYT MD, ARTHUR W, 7300 SW KINGSWOOD CIR #5, 66614-4737
0 2501400559
14 M 2501 55 OO

HSU MD, CHENG H, 1516 W 6TH, 66606-1696
232-1005 38504660173
41 M 38502 74 U

HSU MD, SHIN-FU, 1001 SW GARFIELD AVE #203, 66604-1370
232-0362 24402680209
43 M 24402 0 OTO

HUANG MD, JONSON, 901 GARFIELD, 66606-1670
354-0550 2701770474
52 M 2701 81 N

HUSTON MD, JOSEPH W, 634 MULVANE STE 200, 66606-0000
357-0352 1902620393
35 M 1902 63 ORS

HUTTON MD, FREDERICK A, 1400 PEMBROKE LN, 66604-2536
232-5553 6701580417
29 M 6701 66 PS

ILORETA MD, ALFREDO T, 1516 W 6TH, 66606-1696
232-1005 74801710429
47 M 74801 80 U

ISAACSON MD, RICHARD N, 1001 SW GARFIELD AVE #301, 66604-1368
233-4256 2501750975
48 M 2501 80 U

JACKSON JR MD, DONALD H, 634 MULVANE #203, 66606-1678
233-9643 3515690424
40 M 3515 84 CD

JACOBY II MD, ROBERT E, 901 SW GARFIELD, 66606-1670
354-0570 2307720461
46 M 2307 75 FP

JENSEN MD, ROBERT D, 1500 SW 10TH AVE, 66604-1301
354-6031 3005790653
53 M 3005 83 PATH

JONES MD, CLIFTON C, 823 MULVANE, 66606-1679
354-9591 1902810460
55 M 1902 0 ID

JOSEPH MD, BRIAN W, 823 MULVANE STE 275, 66606-1679
233-7138 35205610012
38 M 35205 74 CHP

JOSS MD, CHARLES S, 1400 STRATFORD RD, 66604-2584
0 1606400612
14 M 1606 40 OO

JOYCE MD, G BERNARD, 900 SW 31ST APT 105, 66611-2194
0 1902440808
17 M 1902 44 OO

KATZ MD, JEROME B, BOX 829, 66601-0829
273-7500 2101441175
22 M 2101 52 P

KAVEL MD, KARL K, 1123 SW GAGE BLVD, 66604-1781
273-9999 3605640248
36 M 3605 72 PDA

KELLY MD, DAN A, 4100 SW 15TH ST, 66604-4333
273-8224 2803640265
39 M 2803 69 PD

KENNEDY MD, JENNIFER E, PO BOX 829, 66601-0829
273-7500 4813820973
57 F 4813 86 P

KEYS JR MD, ROBERT C, 823 SW MULVANE #230, 66606-1679
235-3451 1902620431
36 M 1902 64 AN

KIM MD, YONG W, 631 HORNE STE 110, 66606-1663
232-6964 58302490013
28 M 58302 61 IM

KINDLING MD, PAUL H, 901 SW GARFIELD AVE 2ND FL, 66606-1670
233-1710 3545610417
30 M 3545 68 TS

KIRKEGAARD MD, RODGER S, 2205 SW ARVONIA PL, 66614-4251
0 1803560451
30 M 1803 64 OO

KLEINHOLZ JR MD, EMIL JOHN, 634 MULVANE #201, 66606-1678
232-1227 3503650320
39 M 3503 79 IM

KLEMMER MD, HERBERT, 1259 SW PEMBROKE LN, 66604-2532
0 4102370517
11 M 4102 56 OO

KNAPPENBERGER MD, KURT R, 631 HORNE STE 200, 66606-1663
233-7491 1902800651
54 M 1902 88 ORS

KOLB MD, LISA, 901 SW GARFIELD AVE, 66606-0000
354-9591 0
60 F 2803 0 NEP

KOONTZ MD, JUDITH A, BOX 829, 66601-0829
273-7500 1902750823
49 F 1902 81 CHP

KOOSER MD, JUDITH A, 1700 SW 7TH ST, 66606-1674
295-8008 1601810308
47 F 1601 85 TR

KOSSOY D O, ALLEN F, 901 GARFIELD, 66606-1670
354-9591 2878810344
53 M 2878 0 A

KOVARIK MD, ERNEST D, 620 SE MADISON STE 154, 66607-1118
233-1800 3005640317
36 M 3005 71 OPH

KOWALSKI MD, STEPHEN F, 234 S KANSAS AVE, 66601-0000
232-7214 3901810876
55 M 3901 83 P

KRESIE MD, RANDALL J, 631 HORNE STE 130, 66606-1663
233-0011 1902841055
58 M 1902 88 OPH

KROLL MD, HARRY G, 900 SW 31ST #335, 66611-2196
0 1602500337
24 M 1602 57 OO

LACCHEO MD, MICHAEL L, 1119 SW GAGE BLVD, 66604-1782
271-6000 3840761192
51 M 3840 82 FP

LAI MD, MAX G, 1710 SW 10TH AVE #200, 66604-1331
354-4465 24405720031
45 M 24405 81 U

LANG MD, CLAYTON A, 1700 SW 7TH ST, 66606-1674
295-8440 1902650497
39 M 1902 88 AN

LAUNEY MD, WALTON S, 823 MULVANE, 66606-1679
234-3451 4804752094
39 M 4804 81 R

LEE MD, SONG DOW, 823 SW MULVANE #230, 66606-1679
235-3451 24405680137
43 M 38505 74 AN

LEE MD, SONG PING, 823 MULVANE STE 230, 66606-1679
233-6001 38502610462
34 M 38502 74 OTO

LEIFER MD, WILLIAM N, 1500 SW 10TH AVE, 66604-1301
354-6031 1902730652
47 M 1902 78 PATH

LEIKER MD, JOSEPH, 1133 SW TOPEKA BLVD, 66629-0000
291-8448 1902740674
48 M 1902 0 IM

LENTZ MD, WILLIAM R, 2930 SW WANAMAKER DR STE 5, 66614-4116
272-2332 1902530548
24 M 1902 53 FP

LEPSE MD, PETER S, 909 MULVANE, 66606-1682
357-0301 1803800932
57 M 1803 0 ORS

LESSENDEN JR MD, C M, 1213 SW 29TH TER #COT2, 66611-2700
0 1902430454
18 M 1902 43 OO

LEVY MD, EDWIN Z, PO BOX 4311, 66604-0311
273-5610 1606540783
29 M 1606 59 P

LIESMANN MD, JEAN E, 901 SW GARFIELD, 66606-0000
354-9591 1902742286
49 F 1902 77 IM

LISTERMAN MD, JOHN C, PO BOX 239, 66629-0001
291-8221 2803741045
42 M 2803 83 FP

LUDWIG MD, CAROL S, 634 SW MULVANE STE 402, 66606-0000
295-5310 1902841322
57 F 1902 0 FP

LUI MD, NASON, 1516 W 6TH, 66606-1696
233-1747 1606770819
48 M 1606 83 GPVS

LYNCH MD, JOHN A, 909 MULVANE, 66606-1682
357-0301 2834550591
30 M 2834 64 ORS

MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000
295-5310 0
50 M 3979 0 FP

MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670
354-9591 1902831131
56 M 1902 86 IM

MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000
295-8090 1902781125
50 M 1902 0 EM

MARTIN MD, WILLIAM O, 3643 YORKWAY, 66604-2511
0 1902440956
19 M 1902 44 OO

MASSOTH MD, SUE V, PO BOX 829, 66601-0829
273-7500 1902861170
52 F 1902 0 P

MCCABE MD, MAUREEN E, PO BOX 829, 66601-0000
273-7500 519760614
50 F 519 91 P

MCCARTER MD, DUANE K, 2101 SW 10TH AVE, 66604-1407
233-8979 1902580600
26 M 1902 65 IM

MCCARTHY MD, AILEEN C, 823 SW MULVANE STE 320, 66606-0000
354-9591 1902831173
57 F 1902 0 IM

MCCOY MD, MICHAEL T, 823 MULVANE #370, 66606-1679
233-0117 1902752389
49 M 1902 80 ORS

MCELROY MD, ROBERT T, 823 MULVANE STE 220, 66606-1679
232-0444 1902610568
35 M 1902 62 GS

MCGOVERN JR MD, JAMES L, 1700 W 7TH, 66606-0000
295-8090 1902791309
51 M 1902 0 EM

MCKINNEY D O, SHARON L, 631 SW HORNE ST STE 220, 66606-1663
354-1299 2878830124
41 F 2878 0 PM

MEIDINGER MD, RICHARD, 823 SW MULVANE STE 1, 66606-1679
234-3451 1902650594
39 M 1902 66 DR

MENNINGER MD, ROBERT G, 1501 NW 1ST ST, 66606-0000
0 3545520493
22 M 3545 53 OO

MENNINGER MD, ROY W, BOX 829, 66601-0829
273-7500 3520510515
26 M 3520 62 P

MENNINGER MD, W WALTER, PO BOX 829, 66601-0829
273-7500 3520570526
31 M 3520 59 P

MEYER MD, O WARREN, 634 MULVANE #203, 66606-1678
233-9643 1902742189
49 M 1902 80 CD

MHATRE MD, VIJAY R, 620 SE MADISON PO BOX 1979, 66601-1979
232-4248 49528740111
49 M 49528 84 IM

MILLS JR MD, PHILIP E, 901 GARFIELD, 66606-1670
354-0550 1902640637
36 M 1902 65 N

MITCHELL MD, ERIK K, 533 SW DANBURY LN, 66606-0000
273-9549 0
50 M 3515 0 PATH

MODLIN MD, HERBERT C, PO BOX 829, 66601-0829
273-7500 3005380366
13 M 3005 50 P

MORRIS MD, MERLE D, 2800 MAC VICAR, 66611-1705
0 1902450455
21 M 1902 45 OO

MORRISON MD, GRACE A, 800 SW LINCOLN ST, 66606-1598
233-5101 1902800871
48 F 1902 81 OBG

MORRISON MD, MICHAEL R, 800 SW LINCOLN ST, 66606-1598
233-5101 1902760985
50 M 1902 78 OBG

MUELLER MD, ARNOLD V, 5043 SW CEDAR CREST, 66606-2219
0 3005570441
31 M 3005 58 OO

MUMFORD MD, JOSEPH E, 909 SW MULVANE, 66606-0000
357-0301 0
59 M 1803 92 ORS

MURPHY MD, MICHAEL J, 901 SW GARFIELD AVE, 66606-1670
354-0570 3005830957
57 M 3005 89 FP

MYERS IV MD, PERCY C, 634 SW MULVANE STE 307, 66606-0000
295-8440 1902750866
46 M 1902 0 AN

MYERS MD, JO ANN, 303 YORKSHIRE, 66606-0000
0 1902530602
28 F 1902 53 OO

NABOURS MD, RICHARD D, 4228 W 29TH ST TER, 66614-2222
272-7190 1902541043
27 M 1902 54 FP

NATHAN MD, WILLIAM A, PO BOX 829, 66601-0829
273-7500 3503720468
48 M 3503 0 CHP

NEWTH D O, MARK S, 620 SE MADISON, 66607-0000
232-4248 2878780658
49 M 2878 92 GP

NICE MD, G WILLIAM, 915 BUCHANAN, 66606-1429
0 1902460434
22 M 1902 46 OO

NICHOLS D O, DAVID J, 3500 SW 6TH, 66606-2806
235-0335 1875800732
55 M 1875 0 PD

NICHOLS MD, JEFF S, 2955 SW WANAMAKER DR STE B, 66614-0000
271-8686 1902750891
44 M 1902 77 P

NORA MD, JOSEPH T, 1504 SW 8TH, 66604-0000
232-8576 0
53 M 1002 92 PM

NORRIS MD, JOSIE A, 1412 SW 6TH, 66606-0000
232-6950 1902750904
50 F 1902 0 GP

NORTHWAY MD, DANIEL P, 921 SW GARFIELD STE 3, 66606-1650
232-5999 1102740838
42 M 1102 0 P

NOVOTNY MD, PETER C, PO BOX 829, 66601-0829
273-7500 15407550029
30 M 15407 63 P

O'CALLAGHAN MD, WILLIAM K, 901 GARFIELD, 66606-1670
354-9591 1002710834
45 M 1002 77 IM

O'KEEFE D O, CATHERINE M, 1700 W 7TH, 66606-0000
295-8090 4177771258
48 F 4177 0 EM

O'NEIL MD, ROBERT H, 901 GARFIELD, 66606-1670
354-9591 1902450544
20 M 1902 45 IM

OWEN III MD, JAMES W, 823 SW MULVANE, 66606-1679
234-3451 2802790778
54 M 2802 83 DR

PALMBERG MD, KENT E, 901 GARFIELD, 66606-1670
354-9591 1902742481
49 M 1902 76 IM

PARKS MD, GILBERT R, 629 SE QUINCY STE 205, 66603-3927
233-1786 4102731242
44 M 4102 76 P

PARMAN MD, ROBERT D, 1213 SW 29TH TER #1, 66611-2700
0 1902540705
27 M 1902 54 OO

PARR JR MD, HAROLD E, 4100 SW 15TH ST, 66604-4333
273-8224 1902821470
51 M 1902 0 PD

PARULKAR MD, DEEPAK S, 823 MULVANE L-L, 66606-1679
235-3451 49517720100
49 M 49517 77 AN

PASCUA MD, PERCIVAL G, BOX 829, 66601-0829
273-7500 74808621537
39 M 74808 80 IM

PATEL MD, MAHENDRA N, 620 SE MADISON ST, 66607-1118
232-4248 91708740042
48 M 91708 0 IM

PATRICK MD, FRED E, 4100 SW 15TH ST, 66604-4333
273-8224 1902710848
45 M 1902 72 PD

PAYNE MD, ROBERT R, 631 HORNE STE 200, 66606-1663
233-7491 1902550891
29 M 1902 55 ORS

PENZLER MD, CINDY E, 631 HORNE STE 130, 66606-1663
233-0011 1902850429
59 F 1902 89 OPH

PERDUE II MD, W LANG, 631 SW HORNE ST STE 410, 66606-1663
234-6767 1902742197
49 M 1902 81 GS

PETERSON MD, ROBERT L, 1500 SW 10TH AVE, 66604-1301
354-6100 1902620679
36 M 1902 63 EM

PETERSON MD, VERNON J, 823 SW MULVANE ST, 66606-1679
234-3451 512680542
42 M 512 73 R

PETRIK MD, EDWIN L, 823 SW MULVANE ST 4TH FL, 66606-1679
354-9591 1902640718
35 M 1902 65 IM

PETTERSON MD, DENNIS C, 823 SW MULVANE ST, 66606-1679
234-3451 1902741981
49 M 1902 76 R

PFUETZE MD, ROBERT E, 1800 SW WESTWOOD DR, 66604-3280
0 1902350337
9 M 1902 35 OO

PIERCE MD, DONALD R, 5035 SW 23RD ST, 66614-1407
0 5101490329
23 M 5101 50 OO

POLLY MD, RICHARD E, 909 SW MULVANE ST, 66606-1682
357-0301 1803680899
42 M 1803 75 ORS

PORTER MD, ROBERT D, 901 SW GARFIELD AVE, 66606-1670
354-9591 2802670527
41 M 2802 73 IM

POULTON MD, THOMAS J, 1700 SW 7TH ST, 66606-1674
295-8440 3840751707
50 M 3840 0 AN

POWELL II MD, BENSON M, 113 SW WOODLAWN AVE, 66606-1240
0 1606490743
26 M 1606 55 OO

POWELL MD, WILLIAM R, 2778 SW MACVICAR AVE, 66611-1703
0 1902540756
30 M 1902 54 OO

PRESTON MD, RALPH R, 5025 BRENTWOOD RD, 66606-2209
0 1902441243
19 M 1902 44 OO

PROKOP MD, BRADFORD S, 920 SW WASHBURN AVE, 66606-1527
233-3900 1606570909
32 M 1606 61 OPH

RAINBOW-EARHART MD, KATHRYN A, 2916 KENTUCKY, 66605-1466
0 4707480446
21 F 4707 63 OO

RAJU MD, A S PADMA, 1710 SW 10TH AVE #208, 66604-1337
234-3211 49509610052
39 M 49509 81 TS

RAMSEY MD, BARTLETT W, 512 DANBURY LN, 66604-2230
0 1902500576
25 M 1902 50 OO

RANSDELL MD, EDGAR C, 800 SW LINCOLN ST, 66606-1598
233-5101 3005660598
41 M 3005 71 OBG

RANSOM MD, JAMES H, 1123 SW GAGE BLVD, 66604-1781
273-9999 1803620829
36 M 1803 67 A

REINKING MD, VICTOR E, 4408 SW HOLLY LN, 66604-1933
0 1902520526
26 M 1902 52 OO

REYMOND MD, RALPH D, 1700 SW 7TH ST, 66606-0000
295-8011 2301670853
37 M 2301 72 R

RHOADS MD, JAMES P, 3768 SW WOODVIEW DR, 66610-0110
0 3520600671
34 M 3520 67 OO

RHOADS MD, JEFFREY P, 823 MULVANE 4TH FL, 66606-1679
354-9591 1902841519
56 M 1902 85 IM

RICCI MD, ROBERT L, 823 MULVANE STE 400, 66606-1679
354-9591 1902752656
50 M 1902 76 IM

ROBINSON MD, DAVID B, 800 SW LINCOLN ST, 66606-1598
233-5101 1902730954
47 M 1902 74 OBG

ROCKEFELLER MD, JOHN D, 901 SW GARFIELD AVE, 66606-1670
354-9591 0
52 M 1902 0 IM

ROEDER MD, ROBERT E, 901 GARFIELD, 66606-1670
354-9591 1902670846
40 M 1902 68 CD

ROSEN MD, DONALD E, PO BOX 829, 66601-0000
273-7500 1902842175
56 M 1902 88 P

ROTERT MD, LARRY, 1001 SW GARFIELD AVE #301, 66604-1368
233-4256 3005660636
38 M 3005 77 U

ROY MD, WILLIAM R, 6137 SW 38TH TER, 66610-1307
0 1606490786
26 M 1606 54 OO

SANCHEZ MD, ROGELIO, 1516 W 6TH, 66606-1696
232-1005 64901610531
31 M 64901 70 U

SARGENT MD, JOSEPH D, PO BOX 829, 66601-0829
273-7500 2501581324
32 M 2501 66 IM

SAWYER MD, TIMOTHY T, 823 MULVANE, 66606-1679
354-9591 3901801214
54 M 3901 0 D

SAYLOR MD, EDWARD H, 3500 SW 6TH, 66606-2806
235-0335 1902650799
39 M 1902 66 PD

SAYLOR MD, MARK, 1710 SW 10TH AVE #208, 66604-1337
234-3211 1902660948
37 M 1902 67 GS

SAYLOR MD, STEPHEN, 901 SW GARFIELD AVE, 66606-1670
354-0570 1902731039
47 M 1902 74 FP

SCAMMAN MD, W WIKE, 2715 SW 29TH ST #C, 66614-2044
272-0122 4705570367
32 M 4705 64 PATH

SCHAETZEL D O, WILLIAM P, 1500 SW 10TH AVE, 66604-0000
354-6967 1875810029
53 M 1875 89 PATH

SCHLOESSER MD, HARVEY L, 1914 WARNER CT, 66604-3267
0 3901510538
21 M 3901 55 OO

SCHLOESSER MD, PATRICIA T, 1914 WARNER CT, 66604-3267
0 3901490405
24 F 3901 53 OO

SCHLOESSER MD, PETER E, 823 SW MULVANE ST, 66606-1679
234-3451 1902831599
58 M 1902 87 DR

SCHMIDT MD, MICHAEL J, 631 HORNE STE 200, 66606-1663
233-7491 1902791597
54 M 1902 84 ORS

SCHRAM MD, PETER C, PO BOX 829, 66601-0829
273-7500 2507690826
39 M 2507 76 P

SCHROEDER D O, BRADLEY L, 901 SW GARFIELD AVE, 66606-0000
354-9591 0
59 M 1875 0 IM

SEHDEV MD, JOAN, 631 HORNE STE 310, 66606-1663
233-3553 6101630275
40 F 6101 74 FP

SELLERS MD, JEFF D, 823 MULVANE STE 2-A, 66606-1679
235-3451 1902860001
55 M 1902 90 AN

SHEAFOR MD, DOUGLAS, 823 MULVANE STE 275, 66606-1679
233-7138 1902600775
34 M 1902 61 P

SHEEHY MD, PATRICK G, 901 GARFIELD, 66606-1670
354-9591 5605801279
54 M 5605 86 CD

SHELTON MD, STEPHEN E, 823 MULVANE STE 275, 66606-1679
233-7138 702610591
35 M 702 67 P

SHERWOOD JR MD, CLARENCE E, 3226 TIMBERLAKE LN, 66614-4515
0 702530547
22 M 702 62 OO

SHEU MD, W ERIC, 823 SW MULVANE 2-A, 66606-1679
235-3451 24350670072
43 M 38505 82 AN

SIMPSON MD, WILLIAM S, 834 BUCHANAN, 66606-0829
0 6001480071
24 M 6001 63 OO

SISK MD, PHILLIP B, 823 SW MULVANE, 66606-1679
234-3451 1803560869
32 M 1803 64 R

SLAUGHTER , JERRY, 623 SW 10TH AVE, 66612-1615
235-2383 0
0 M 0 0

SNARR MD, JACK W, 823 SW MULVANE, 66606-1679
234-3451 6201650311
41 M 6201 77 DR

SPANGLER MD, HENRY E, 901 GARFIELD, 66606-1670
354-9591 3005821311
56 M 3005 86 IM

SPENCER MD, WAYNE E, 2200 SW 6TH, 66606-1707
233-9686 1902640840
38 M 1902 65 GE

STEIN MD, JOSEPH M, 901 GARFIELD, 66606-1670
354-0550 3519471069
24 M 3519 56 N

STOCK MD, KARL W, 2740 BURLINGAME RD, 66611-1314
0 2834370975
13 M 2834 44 OO

STUART MD, REGINA K, 823 MULVANE STE 220, 66606-1679
232-0444 2401851448
59 F 2401 0 GPVS

SUFI MD, M ASHRAF, 2200 SW 6TH #104, 66606-1707
354-8518 70402680189
43 M 70402 77 GE

SUFI MD, QAISER A, 2200 SW 6TH STE 104, 66606-0000
354-8518 70402680294
44 F 70402 77 PATH

SUNDBYE MD, KEVIN R, 901 GARFIELD, 66606-1670
354-9591 1902831785
57 M 1902 89 IM

SYNOVEC MD, MARK S, 1500 SW 10TH, 66604-1301
354-6963 3005861313
59 M 3005 0 PATH

TAGUE MD, RICK R, 1700 W 7TH, 66606-0000
233-7863 2101841297
58 M 2101 92 EM

TAHERNIA MD, CYRUS, 1500 SW 10TH, 66604-1301
354-5959 51701560446
32 M 51701 88 PDC

TAKAHASHI MD, TETSURO, PO BOX 829, 66601-0829
273-7500 57203600145
32 M 57211 75 P

TARGOWNIK MD, KARL K, 1218 SW 10TH AVE, 66604-1204
0 40710490181
15 M 40710 59 OO

TARNOWER MD, WILLIAM, 2112 CREST DR, 66614-1424
0 4802480721
21 M 4802 53 OO

TEETER MD, SCOTT M, 823 SW MULVANE ST #330, 66606-1679
354-9591 1902831807
57 M 1902 0 IM

TEMPERO MD, STEPHEN J, 823 SW MULVANE ST, 66606-1679
234-3451 1606671012
42 M 1606 72 R

THOMAS MD, GEORGE E, 3206 TOPEKA BLVD STE J, 66611-0000
266-2240 0
44 M 5104 0 PATH

THOMS MD, NORMAN W, 901 SW GARFIELD AVE 2ND FL, 66606-1670
233-1710 2501591605
34 M 2501 75 TS

THURSTON MD, DAVID E, 631 HORNE ST STE 200, 66606-1663
233-7491 1902551138
29 M 1902 55 ORS

TIETZE MD, DENNIS D, 634 SW MULVANE ST STE 402, 66606-1678
295-5310 1902781826
50 M 1902 79 FP

TOZER MD, RICHARD C, 1207 SW 29TH ST A-10, 66611-2185
0 4102451363
19 M 4102 53 OO

TRAVIS MD, JOHN W, 15 SW PEPPER TREE LN, 66611-2056
0 1606551262
29 M 1606 61 OO

TREGER MD, NEWMAN V, 1704 SW 10TH AVE, 66606-0000
0 1902400547
16 M 1902 40 OO

TROBOUGH MD, TODD D, 800 SW LINCOLN, 66606-0000
233-5101 3006900991
63 M 3006 0 OBG

TSAI MD, CHIA-HSUN, 823 SW MULVANE ST #230, 66606-1679
235-3451 24406730111
47 M 24406 88 AN

TUTUSKA MD, PETER J, 901 SW GARFIELD AVE 2ND FL, 66606-0000
233-1710 3503821205
56 M 3503 89 CDTS

UHR MD, NATHANIEL, 3230 SW 18TH ST, 66604-3237
0 3519210656
0 M 3519 50 OO

VAN SICKLE MD, GREGGORY J, 3500 SW 6TH ST, 66606-2806
235-0335 1606751512
49 M 1606 80 PD

VANDEGARDE MD, LARRY D, 800 SW LINCOLN ST, 66606-1598
233-5101 1803661045
41 M 1803 72 OBG

VOGEL MD, STANLEY J, 823 SW MULVANE ST 4TH FL, 66606-1679
354-9591 2802700906
44 M 2802 78 ON

VOTH MD, ERIC A, 901 SW GARFIELD AVE, 66606-1670
354-9591 1902810788
55 M 1902 84 IM

VOTH MD, HAROLD M, 901 GARFIELD, 66606-0000
354-0545 1902470677
22 M 1902 0 P

WALIA MD, JAG S, 2200 SW 10TH AVE, 66604-3904
234-8601 49529730291
50 M 49515 84 FP

WALL MD, TERRY J, 1700 SW 7TH ST, 66606-1674
295-8008 1902821925
54 M 1902 86 RO

WALLACE MD, BRETT E, 909 MULVANE, 66606-1682
357-0301 4813801251
55 M 4813 0 ORS

WALLACE MD, LEO F, 5500 W 24TH, 66614-1736
0 1902410739
17 M 1902 41 OO

WALLS MD, WILLIAM J, 823 SW MULVANE, 66606-1679
234-3451 2834661121
39 M 2834 72 DR

WALZ MD, ROYCE C, 2200 SW GAGE, 66622-0000
272-3111 15407600042
27 M 15407 62 P

WANLESS MD, KIRK M, 823 MULVANE STE 325, 66606-1679
232-8188 2803740898
44 M 2803 81 OTO

WARD MD, HOWARD N, 823 MULVANE 4TH FL, 66606-1679
354-9591 1606621228
37 M 1606 70 HEM

WARE MD, LUCILE M, 1925 WAYNE AVE, 66604-0000
0 3501531102
29 F 3501 66 OO

WARRICK MD, DAVID A, 620 SE MADISON PO BOX 1979, 66601-1979
232-4248 3843760596
49 M 3843 79 IM

WATKINS MD, STEVEN C, 901 GARFIELD, 66606-1670
354-9591 1902741841
49 M 1902 76 END

WAUGH MD, CHARLES W, 823 SW MULVANE ST #230, 66606-1679
235-3451 1902841900
57 M 1902 0 AN

WEAVER MD, WALTER D, 900 WASHBURN ST, 66606-1653
233-3636 1902691053
41 M 1902 70 OPH

WEBER II MD, RALPH H, HMO KS PO BOX 110 COST CTR 485, 66601-0110
291-8755 3005750996
44 M 3005 78 PD

WEBER MD, DARRELL J, 1620 LAKESIDE DR, 66604-2582
0 1902441570
15 M 1902 44 OO

WEEKS MD, STACY S, 823 SW MULVANE 3RD FL, 66606-0000
354-9591 1902860002
58 F 1902 0 IM

WELCH MD, WADE B, 901 SW GARFIELD AVE, 66606-0000
354-0550 0
59 M 1902 0 N

WELSH MD, NANCY J, 2200 SW GAGE BLVD, 66622-0002
272-3111 3840631329
39 F 3840 84 IM

WELTON MD, THOMAS C, 823 SW MULVANE ST, 66606-0000
354-9591 0
61 M 1902 0 IM

WERNER MD, JAMES P, 823 MULVANE, 66606-1679
234-3451 1601841149
58 M 1601 88 DR

WEYRENS MD, FRANCIS J, 901 SW GARFIELD AVE, 66606-0000
354-9591 0
52 M 1606 0 CD

WHIPPLE MD, JOHN R, PO BOX 829, 66601-0829
273-7500 5101861301
60 M 5101 0 P

WILEY MD, THOMAS M, 823 SW MULVANE STE 280, 66606-1679
235-0202 1902861951
59 M 1902 88 OBG

WILLIAMS MD, CARL M, 1700 SW 7TH ST, 66606-0000
232-6633 1902881871
55 M 1902 0 AN

WILSON MD, DANIEL R, 634 SW MULVANE STE 401, 66606-1678
295-5306 1902881880
62 M 1902 0 PM

WOOD MD, EDWARD R, 901 GARFIELD, 66606-1670
354-9591 1902751404
49 M 1902 0 IM

WRIGHT MD, GEORGE W, 901 SW GARFIELD, 66606-1695
354-9541 0
57 M 1902 93 FP

WYNNE MD, ALAN G, 901 GARFIELD, 66606-0000
354-9591 2803851096
59 M 2803 0 END

YEH MD, ROBERT M, 823 MULVANE STE 230, 66606-1679
235-3451 24405730061
47 M 24405 82 AN

YORKE JR MD, CRAIG H, 634 SW MULVANE STE 202, 66606-1678
232-3555 2401741367
48 M 2401 80 NS

YOUNG MD, THEODORE E, 4130 TWILIGHT DR #123, 66614-3409
0 2307460745
22 M 2307 51 OO

ZACHARIAS MD, DAVID L, 1320 PEMBROKE LN, 66604-2583
0 1902531005
26 M 1902 53 OO

ZERBE MD, KATHRYN, BOX 829, 66601-0829
273-7500 4113781772
51 F 4113 79 P

TRIBUNE — 316
(Southwest Kansas Medical Society)

MOSER JR MD, ROBERT P, 308 E GREELEY AVE, 67879-0000
376-4251 1902851263
58 M 1902 90 FP

ULYSSES — 316
(Southwest Kansas Medical Society)

BREWER MD, MARSHALL A, 223 N MAIN, 67880-2130
356-1261 1902460078
19 M 1902 46 FP

TILLOTSON MD, DON R, 223 N MAIN, 67880-2130
356-1261 1902650942
32 M 1902 66 FP

VALLEY CENTER — 316
(Sedgwick County Medical Society)

DANIELS MD, ROBERT M, 130 MILES AVE, 67147-2037
0 1902540187
24 M 1902 54 OO

WAKEENEY — 913
(Central Kansas Medical Society)

HAMILTON MD, JAMES J, 323 RUSSELL AVE, 67672-2184
743-2124 1902550468
30 M 1902 55 FP

LOCKE MD, MARLIN K, RR 2 BOX 165, 67672-9802
743-2124 1902831068
56 M 1902 0 FP

WAMEGO — 913
(Pottawatomie County Medical Society)

ATWOOD MD, JEFF B, 1401 W US HIGHWAY 24, 66547-1256
456-2207 1902870080
61 M 1902 0 FP

BORGENDALE MD, LLEWELLYN V, PO BOX 7, 66547-0007
456-2291 1902600082
29 M 1902 61 FP

BRADEN MD, BILL L, 705 COUNTRY CLUB CIR, 66547-1146
456-2291 1902600091
31 M 1902 61 FP

CLARK MD, LAURENCE A, 1408 6TH ST, 66547-1330
0 1902420122
12 M 1902 42 OO

TACKETT MD, ROBERT J, 1401 W US HIGHWAY 24, 66547-1256
456-2207 1902871728
61 M 1902 0 FP

WASHINGTON — 913
(Northeast Kansas Medical Society)

HODGSON MD, DAVID K, 107 E 3RD D, 66968-1919
325-2259 1902741581
49 M 1902 80 FP

WATHENA — 913
(Northeast Kansas Medical Society)

PETERSON JR MD, EVAN A, PO BOX 99, 66090-0099
989-3122 1803550715
24 M 1803 56 FP

WELLINGTON — 316
(Cowley County Medical Society)

ANDERSON MD, LARRY R, 1323 N A ST, 67152-4350
326-3301 1902730032
43 M 1902 74 FP

COLE MD, WARD M, 1324 N CHERRY ST, 67152-2815
0 1902360073
8 M 1902 36 OO

MCCORMICK MD, EUGENE CARL, PO BOX 706, 67152-0706
326-3914 1902560722
31 M 1902 56 GP

NALDOZA JR MD, FAUSTINO M, 1323 N A ST STE A, 67152-4350
326-8171 74801653719
38 M 74801 74 GS

PEDRAZA MD, HERNANDO, PO BOX 476, 67152-0476
326-5026 26404560106
28 M 26404 72 R

WEIGAND MD, JOEL T, 1323 N A ST, 67152-4350
326-3301 1902701199
43 M 1902 71 FP

WESTMORELAND — 913
(Pottawatomie County Medical Society)

MINGES MD, TIMOTHY J, 208 W 1ST ST, 66549-0000
457-3311 1902781281
54 M 1902 85 GP

WICHITA — 316
(Sedgwick County Medical Society)

ABAY MD, EUSTAQUIO O, 3305 E DOUGLAS AVE #101, 67218-1025
685-2525 74801730578
49 M 74801 0 NS

ABBAS MD, DILAWER H, 1515 S CLIFTON AVE STE 380, 67218-2953
686-2831 70402700091
45 M 70402 77 N

AGUSTIN MD, CONRADO M, 1126 S CLIFTON AVE, 67218-2913
683-3389 74807620090
38 M 74807 74 OBG

AHLSTRAND MD, RICHARD A, 3243 E MURDOCK ST STE 104, 67208-3018
685-2711 3005670020
41 M 3005 75 R

AHLSTROM MD, NANCY G, 1035 N EMPORIA ST STE 105, 67214-2938
263-7285 1902850011
59 F 1902 90 IM

ALDOROTY MD, NEIL, 1725 E DOUGLAS AVE, 67211-1610
264-8989 64914753943
46 M 64914 83 P

ALEXANDER MD, SHIRLEY J F, 8911 E ORME ST STE D, 67207-2473
686-5195 1902871451
58 F 1902 88 P

ALFONSO MD, MANUEL, 3311 E MURDOCK ST, 67208-3079
689-9445 84710660432
37 M 84710 72 AN

ALLEN MD, PHILLIP M, 1826 FARMSTEAD, 67208-1744
0 2401540035
27 M 2401 81 OO

ALLEN MD, STEVEN W, 3311 E MURDOCK ST, 67208-3079
689-9259 0
60 M 1902 91 PDC

ALMONTE MD, PRISCILLA C, 1120 S CLIFTON AVE, 67218-2913
681-2108 74801671954
44 F 74801 78 AN

ALMONTE MD, RODOLFO O, 1515 S CLIFTON AVE STE 480, 67218-2954
686-3791 74801644353
39 M 74801 78 OBG

AMMAR MD, ALEX D, 818 N EMPORIA ST STE 200, 67214-3788
263-0296 5101760059
51 M 5101 81 GPVS

AMRANI MD, JACOB, PO BOX 3298, 67201-3298
262-7598 0
58 M 3519 93 ORS

AMSTUTZ MD, SAMUEL W, 655 N WOODLAWN ST, 67208-3648
684-5158 1601800027
53 M 1601 0 OPH

ANDERSON MD, DAVID J, 1650 S GEORGETOWN ST STE 200, 67218-4127
686-7327 1902810893
54 M 1902 84 AN

ANDERSON MD, JAMES D, 3243 E MURDOCK ST STE 500, 67208-3008
688-7300 1902830045
57 M 1902 84 IM

ARGOSINO MD, RODOLFO, 1148 S HILLSIDE ST STE 106, 67211-4005
683-6506 74801634056
40 M 74801 77 GS

ARTZ MD, TYRONE D, 1507 W 21ST ST N, 67203-2449
838-2020 1803670036
41 M 1803 74 ORS

ASHCOM MD, THOMAS L, 1035 N EMPORIA STE 210, 67214-0000
265-1308 0
52 M 4102 93 CD

ASHWORTH MD, ELIZABETH M, 3311 E MURDOCK, 67208-3054
689-9300 1720830104
57 F 1720 0 CDS

AUNINS MD, JOHN, 4853 HEMLOCK, 67216-3424
524-6805 4706560110
28 M 4706 58 FP

BABIKIAN MD, PAUL V, 551 N HILLSIDE STE 410, 67214-4927
684-3838 60501830138
57 M 60501 91 N

BACKES MD, DAVID J, 851 N HILLSIDE, 67214-4913
685-1371 1720770110
48 M 1720 83 U

BAJAJ MD, ASHOK K, 3243 E MURDOCK STE 500, 67208-3008
688-7300 1902820066
58 M 1902 89 CD

BAJAJ MD, RAVI K, 3243 E MURDOCK STE 500, 67208-3008
688-7300 1902830134
59 M 1902 91 CD

BALDRIDGE MD, JOHN A, 1515 S CLIFTON STE 270, 67218-0000
681-8192 401660046
41 M 401 92 END

BAMMEL MD, BRUCE, 3311 E MURDOCK, 67208-3054
689-9234 2507780116
52 M 2507 82 OBG

BARBA JR MD, ANTONIO P, 1035 N EMPORIA ST #280, 67214-2975
264-2301 74807620341
34 M 74807 76 OBG

BARBA MD, ESTRELLA G, 1035 N EMPORIA ST #280, 67214-2975
264-2301 74802660212
41 F 74802 80 CHP

BARCLAY MD, ANDREW M, 1010 N KANSAS ST, 67214-3199
261-2607 1902730031
49 M 80302 88 FP

BARKER MD, PATSY, 818 N EMPORIA STE 303, 67214-3727
265-3774 64914754249
49 F 64914 82 PD

BARTAL MD, ELY, 905 N EMPORIA BOX 3298, 67214-3715
262-7598 39607710019
45 M 39607 81 ORS

BARTH III MD, CHARLES W, 551 N HILLSIDE #410, 67214-4927
684-3838 2834810061
56 M 401 89 CD

BASS II MD, ORAL E, 851 N HILLSIDE, 67214-4913
685-1371 2803710026
40 M 2803 76 U

BASSELL MD, GERARD M, BOX 782438, 67278-2438
685-4389 14303730037
46 M 14303 82 AN

BATES MD, MICHAEL D, 2703 E CENTRAL, 67214-4610
685-1277 3005740109
48 M 3005 75 OBG

BATTISTE MD, CYNTHIA, 1010 N KANSAS ST, 67214-3199
261-2622 1606730094
0 F 0 0 PDC

BAUMAN MD, M LEON, 2828 N GOVERNEOUR, 67226-1700
0 1902440107
1 M 1902 44 OO

BAUMANN MD, PAUL A, 3333 E CENTRAL STE 214, 67208-3109
688-2920 5605570048
32 M 5605 68 R

BEAMER MD, R LARRY, 818 N EMPORIA STE 200, 67214-3788
263-0296 1902790167
52 M 1902 0 GS

BEATTIE MD, MARY A, 222 S RIDGE RD, 67209-2113
945-5400 1902740658
40 F 1902 0 PD

BEBAK MD, DONALD M, 8322 LIMERICK LN, 67208-3054
0 3515580050
32 M 3515 72 OO

BEBER MD, JORGE H., 8911 E ORME ST #D, 67207-2473
686-5195 42901780077
54 M 42901 86 P

BECK MD, CHARLES W, 1515 S CLIFTON AVE #250, 67218-2952
687-9961 301720360
46 M 301 80 IM

BECKER MD, KARL E, 1650 GEORGETOWN STE 200, 67218-4127
686-7327 2307690066
43 M 2307 78 AN

BEECH MD, RANDALL R, 9390 E CENTRAL STE 103, 67206-2555
636-1129 1902801509
54 M 1902 81 GS

BELTRAN MD, DELFIN J, 818 N EMPORIA STE 101, 67214-0000
263-1574 0
28 M 5605 92 AN

BENNING MD, TIMOTHY C, 3600 E HARRY, 67218-0000
689-5063 1902860149
59 M 1902 87 DR

BENTON MD, GARY S, 818 N EMPORIA ST STE 200, 67214-3788
263-0296 0
58 M 2101 0 CDTS

BETHEL MD, CHANDLER S, 6611 E CENTRAL, 67206-1937
682-6559 1902590079
34 M 1902 60 IM

BHARATI MD, RALPH, 8911 E ORME STE A, 67207-2473
686-5151 64933820473
45 M 64933 0 P

BIERMANN MD, HENRY J, 425 E MURDOCK, 67214-3606
264-2023 3006520072
27 M 3006 52 GS

BIGONGIARI MD, LAWRENCE R, 2622 W CENTRAL, 67203
946-8620 1611690211
44 M 1611 0 R

BINGAMAN MD, ROBERT W, 1035 N EMPORIA STE 270, 67214-0000
267-9000 3901721130
47 M 3901 73 GS

BINYON MD, KERNIE W, BOX 8125, 67208-0125
684-2819 1902560111
24 M 1902 56 FP

BLACK MD, BRYAN L, 1650 GEORGETOWN ST STE 200, 67218-4127
686-7327 1104850096
57 M 1104 88 AN

BLACKMAN MD, JACQUES D, 222 S RIDGE RD, 67209-2113
945-0142 1902760152
51 M 1902 77 FP

BLATY MD, LAWRENCE R, 3600 E HARRY, 67218-0000
689-4808 2507860250
60 M 2507 90 P

BLOOM MD, BARRY T, 550 N HILLSIDE ST, 67214-4910
651-8580 1902810885
56 M 1902 86 PD

BLOOM MD, RODNEY L, 406 E CENTRAL ST, 67202-1058
265-0705 1902790248
54 M 1902 80 IM

BLOXHAM MD, THOMAS J, 3311 E MURDOCK ST, 67208-3054
689-9215 1803750153
50 M 1803 80 PUD

BOBER MD, JOHN F, 8911 E ORME ST STE D, 67207-2498
686-5195 1001780081
52 M 1001 82 P

BOLT MD, MICHAEL S, 655 N WOODLAWN ST, 67208-3648
684-5158 1902832234
55 M 1902 87 OPH

BOND MD, ROGER C, 3243 E MURDOCK ST STE 303, 67208-3008
688-7300 5606670089
40 M 5606 74 CD

BOUDREAUX MD, VELTIN J, 4362 WESTLAKE DR, 67220-1738
0 4812640122
37 M 4812 72 OO

BOWLES MD, MARK H, 551 N HILLSIDE ST STE 410, 67214-4927
684-3838 401750118
48 M 401 87 CD

BOXBERGER MD, GREGORY R, 551 N HILLSIDE ST #410, 67214-4927
684-3838 1902780242
52 M 1902 0 CD

BOYD MD, Z REX, 120 S MAIZE RD #12, 67209-3100
0 3005520052
26 M 3005 56 OO

BRADA MD, DONALD R, 1100 N ST FRANCIS STE 400, 67214-3821
268-8680 1902650063
39 M 1902 65 P

BRAKE MD, DAVID, 3243 E MURDOCK STE 104, 67208-3018
685-2711 702680051
43 M 702 74 R

BRAUN III MD, WILLIAM T, 3243 E MURDOCK STE 104, 67208-3018
685-2711 2802610087
37 M 2802 67 R

BRAUN MD, KENNETH, 212 N HILLSIDE ST, 67214-4904
683-4688 3519720158
47 M 3519 78 OPH

BRECKBILL MD, DAVID L, 3333 E CENTRAL #214, 67208-3109
685-1291 1902640050
38 M 1902 65 R

BREIT MD, SHARON K, 3233 E 2ND ST N, 67208-0000
683-6766 0
58 F 1902 91 OBG

BREWER MD, ALAN R, PO BOX 8149, 67208-0000
685-9633 0
51 M 3006 0 AN

BRINTON MD, EDWARD S, 5051 W LINCOLN #8A, 67218-2467
0 1611410260
15 M 1611 46 OO

BROOKS MD, LYLE, 2757 S SENECA ST, 67217-2862
264-5182 3901690099
40 M 3901 0 FP

BROSIUS MD, FRANK C, 547 N ARMOUR, 67206-1513
0 1902490082
25 M 1902 49 OO

BROSSARD MD, IRIS, 3311 E MURDOCK, 67208-3054
689-9137 3503851325
50 F 3503 91 N

BROWN JR MD, VAL J, 2456 N WOODLAWN, 67220-0000
685-5691 1902790302
53 M 1902 82 IM

BROWN MD, DAVID J, 425 E MURDOCK, 67214-3606
265-6287 1902710139
45 M 1902 72 GS

BROWN MD, JEFFERY C, 8404 W 13TH STE 180, 67212-2978
722-6000 1902880191
61 M 1902 89 IM

BROWN MD, MICHAEL P, 3233 E 2ND ST N, 67208-3202
683-6766 3005770270
51 M 3007 78 OBG

BROWN MD, MICHELLE R, 551 N HILLSIDE STE 410, 67214-4927
684-3838 1902860203
56 F 1902 86 CD

BROWN MD, ROBERT L, 6120 E 8TH, 67218-2951
0 1902490091
21 M 1902 49 OO

BROWN MD, RONALD C, 818 CARRIAGE PKY, 67208-4511
685-8231 2803730124
47 M 2803 74 FP

BROWN MD, RONALD L, 1120 S CLIFTON, 67218-2913
681-2108 3901710111
45 M 3901 72 AN

BROWN SR MD, VAL J, 1802 N HYDRAULIC ST, 67214-1698
265-1461 1003470098
24 M 1003 49 GP

BROWNING MD, WILLIAM H, 7077 E CENTRAL #17, 67206-1942
0 1902430161
16 M 1902 43 OO

BRUNER MD, BRADLEY W, 3243 E MURDOCK STE 200, 67208-3005
685-1491 1902850216
58 M 1902 90 ORS

BRUNGARDT MD, GERARD S, 1010 N KANSAS ST, 67214-3199
261-2650 1902830380
57 M 1902 87 IM

BRYANT MD, R KEVIN, 1726 S HILLSIDE ST #A, 67211-4021
682-7117 512790861
54 M 512 87 FP

BUBECK MD, RALPH W, 3311 E MURDOCK, 67208-3054
689-9262 1803620187
36 M 1803 68 IM

BUCK JR MD, BEN H, 1208 N CHARLOTTE, 67208-2657
0 2834430269
17 M 2834 44 OO

BUHR MD, BRUCE R, 1111 N ST FRANCIS, 67214-0000
267-1924 0
51 M 1902 92 ORS

BURKE MD, MICHAEL J, 1010 N KANSAS, 67214-0000
261-2647 1902890196
56 M 1902 89 P

BURNEY MD, WILLIAM W, 6608 PEPPERWOOD CT, 67226-1606
0 4707760066
17 M 1902 52 OO

BURPEE MD, JAMES F, 851 N HILLSIDE, 67214-4913
685-1371 5605660128
39 M 5605 71 U

BUTH MD, DENNIS K, 551 N HILLSIDE #410, 67214-4927
684-3838 1902720185
45 M 1902 73 IM

BUTIN MD, J WALKER, 64 STRATFORD RD, 67207-1019
0 1902470111
23 M 1902 47 OO

BUTLER MD, DORIS C, 818 N CARRIAGE PKY, 67208-4511
685-8231 1902751684
48 F 1902 76 FP

CALIENDO JR MD, DANIEL J, 550 N HILLSIDE, 67214-4910
688-2239 1902670064
41 M 1902 73 EM

CALLAWAY MD, PAUL, 925 N EMPORIA, 67214-3724
268-5996 0
53 M 3901 92 FP

CAMPION MD, MARY K, 3311 E MURDOCK, 67208-3054
689-9246 1902800171
51 F 1902 83 IM

CANNON MD, MICHAEL W, 818 N EMPORIA #403, 67214-3728
262-4467 1902751722
50 M 1902 82 ON

CAPPER MD, STANLEY L, 3311 E MURDOCK, 67208-3054
689-9206 1803670231
37 M 1803 70 D

CARLILE MD, WILLIAM E, 1431 S BLUFFVIEW STE 117, 67218-3039
685-6466 1902830428
53 M 1902 87 AN

CARLSON MD, TERRY S, 550 N HILLSIDE, 67214-4910
688-2826 3006770117
50 M 3006 79 PATH

CARRO MD, ALBERTO F, 1520 S CLIFTON, 67218-2921
689-5775 1902790345
53 M 1902 85 EM

CAUBLE MD, WILBUR G, 155 S BELMONT, 67218-1301
0 2834390119
12 M 2834 46 OO

CAUGHLIN MD, GERALD M, 818 N EMPORIA STE 101, 67214-3725
263-1574 4812800308
55 M 4812 83 AN

CHANEY MD, ERNIE J, 1131 S CLIFTON, 67218-2912
689-5500 1902560200
27 M 1902 56 FP

CHANG MD, FREDERIC C, 818 N EMPORIA STE 200, 67214-3788
263-0296 2401590270
35 M 2401 75 GS

CHAPMAN D O, THOMAS C, 3311 E MURDOCK, 67208-3054
689-9533 2878870207
58 M 2878 90 IM

CHARD MD, FREDERICK H, 255 S HILLSDALE DR, 67230-7114
0 5605390082
15 M 5605 48 OO

CHAVEZ MD, STEVE, 3333 E CENTRAL ST STE 408, 67208-3111
682-0411 1902822051
55 M 1902 85 PD

CHENG MD, MEI Y, 2318 E CENTRAL ST, 67214-4436
262-2415 1902860271
46 F 1902 87 PD

CHERVEN MD, PHILIP L, 925 N EMPORIA, 67214-0000
268-5992 2501710311
45 M 2501 77 PD

CHI MD, IL-SUNG, BOX 782438, 67278-2438
685-4389 58302670666
41 M 58302 81 AN

CHO MD, SECHIN, 1010 N KANSAS ST, 67214-3124
261-2631 58302710048
47 M 58302 77 PD

CHONG MD, SUNG P, 3311 E MURDOCK, 67208-0000
689-9383 0
56 M 58309 92 IM

CHOPRA MD, RAMAN, 3333 E CENTRAL ST STE 201, 67208-3109
685-5271 49514740037
52 M 49536 78 PD

CHRISTMAN JR MD, CARL, 551 N HILLSIDE ST #510, 67214-0000
685-0559 4802740404
48 M 4802 75 OBG

CLAIBORNE MD, RICHARD A, 3243 E MURDOCK ST STE 500, 67208-3008
688-7300 1902800227
55 M 1902 80 IM

CLARK MD, COURTNEY, 8930 PEPPERTREE CIR, 67226-0000
0 1902560242
30 M 1902 56 OO

CLARK MD, ROBERT G, 7015 E CENTRAL ST, 67206-1940
652-9333 1902780340
53 M 1902 79 PS

CLIFTON MD, H DAVID, 3600 E HARRY ST, 67218-3713
689-5050 401650199
41 M 401 70 R

CLINE MD, BYRON W, 551 N HILLSIDE ST STE 510, 67214-4928
685-0559 4802770354
51 M 4802 78 OBG

COATS MD, BARBARA S, 222 S RIDGE RD, 67209-2113
945-0142 1902830444
57 F 1902 84 FP

COBB MD, JEANNINE M, 3311 E MURDOCK ST, 67208-3079
689-9234 1902880271
48 F 1902 0 OBG

COHEN MD, JUSTIN T, 655 N WOODLAWN, 67208-3648
684-5158 2803740138
47 M 2803 78 OPH

COHLMIA MD, JERRY B, 818 N EMPORIA STE 310, 67214-0000
263-5891 1902700133
43 M 1902 71 IM

COLEMAN MD, THOMAS J, 155 N CRESTWAY, 67208-3839
0 3545510153
18 M 3545 54 OO

COLLIER MD, HAROLD W, 1650 GEORGETOWN STE 200, 67218-4127
686-7327 1902710236
45 M 1902 72 AN

CONCEPCION JR MD, EUGENIO S, 1515 S CLIFTON STE 480, 67218-2954
684-1048 74802640785
39 M 74802 74 CD

COOK MD, D RAY, 315 N HILLSIDE STE A, 67214-4915
686-3391 2012710138
42 M 2012 72 FP

COOK MD, G EDWARD, 144 S HILLSIDE, 67211-2147
685-9289 401670181
42 M 401 69 R

COOPER MD, M KENT, 1650 GEORGETOWN STE 200, 67218-4127
686-7327 1902790426
54 M 1902 80 AN

COSSMAN MD, F PRICE, 1441 N ROCK RD #1602, 67206-0000
0 1902570124
28 M 1902 57 OO

COWLEY MD, CARLOS A, 1515 S CLIFTON STE 250, 67218-0000
687-9961 0
58 M 84705 0 CD

CRANE MD, DAVID D, 929 N ST FRANCIS, 67214-3821
268-5414 2501600230
34 M 2501 73 PATH

CRONIN MD, DONALD J, 618 RUTLAND, 67206-1526
0 2604400247
16 M 2604 48 OO

CROOK MD, DIANA R, 9350 E CENTRAL STE 100, 67206-0000
636-2662 1902900361
63 F 1902 93 FP

CROW MD, ERNEST W, 9421 BENT TREE CIR, 67226-1532
0 1902440395
20 M 1902 44 OO

CROWLEY MD, EDWARD X, 5 PARK AVE, 67206-2020
0 1643400258
14 M 1643 45 OO

CUMMINGS MD, RICHARD J, 427 N HILLSIDE, 67214-4917
686-6608 1902570159
32 M 1902 57 OTO

CVETKOVICH MD, LORNA L, 1035 N EMPORIA STE 290, 67214-2938
264-6267 0
61 F 1902 81 OBG

CZAPANSKY-BEILMAN MD, DESIREE, 550 N HILLSIDE, 67214-4910
688-3110 1902860386
59 F 1902 89 PD

DAKHIL MD, SHAKER R, 818 N EMPORIA STE 403, 67214-3728
262-4467 60501750088
50 M 60501 80 IM

DANBY MD, JOHN H, 8213 GREENBRIER, 67226-0000
0 91705560019
29 M 35205 83 OO

DARRAH MD, JOY N, 8100 E 22ND ST N BLDG 1600, 67226-2301
681-1827 1902741930
49 F 1902 77 R

DAVIDSON MD, RANDY G, 550 N HILLSIDE, 67214-4910
688-2239 2846800096
55 M 2846 81 EM

DAVIS MD, PAUL H, 7111 E 21ST, 67206-1078
684-2851 3901720168
47 M 3901 73 FP

DAVIS MD, RONALD B, 315 N HILLSIDE STE C, 67214-4492
685-1461 1902720291
46 M 1902 73 FP

DAVISON MD, JOE D, 8200 W CENTRAL #1, 67212-3661
721-4544 3901810370
54 M 3901 84 FP

DAY MD, HOWARD, 818 N EMPORIA STE 310, 67214-3727
263-5891 1902740194
48 M 1902 76 NEP

DE BAKKER MD, JAN B, 633 N BROADMOOR AVE, 67206-1603
0 5104590201
25 M 5104 66 OO

DE BOISE MD, DOUGLAS, 3233 E 2ND ST N, 67208-3202
683-6766 3006770192
52 M 3006 89 OBG

DE HART MD, ARTHUR DONIVA, 2703 E CENTRAL, 67214-4610
685-1277 4804771951
50 M 4804 78 OBG

DE WITT MD, BARBARA L, 929 N SAINT FRANCIS, 67214-0000
268-5928 1902880344
63 F 1902 89 RO

DEGNER MD, JAMES C, 3600 E HARRY, 67218-3713
689-5050 1902840482
57 M 1902 0 DR

DELMORE MD, JAMES E, 3243 E MURDOCK ST STE G, 67208-3087
681-0251 4804782431
50 M 4804 80 GYN

DEMOSS MD, ELEANOR P, 3333 E CENTRAL ST STE 407, 67208-3111
682-5591 74802660361
42 F 74802 77 PD

DEPEW MD, CLIFFORD S, 345 N HILLSIDE ST, 67214-4905
682-4572 1902860475
60 M 1902 90 OBG

DEVOSS MD, MARK R, 1650 GEORGETOWN STE 200, 67218-0000
686-7327 1902890331
63 M 1902 92 AN

DILLARD MD, SANDY R, 1120 S CLIFTON, 67218-0000
681-2108 1902870489
61 M 1902 92 AN

DINGES MD, DAVID L, 310 S HILLSIDE, 67211-0000
684-2838 0
62 M 1902 93 OTO

DISMUKE MD, S EDWARDS, 1010 N KANSAS, 67214-0000
261-2627 4709710243
46 M 4706 0 IM

DOAN MD, TRINAH, 959 N EMPORIA ST STE 2 B, 67214-3730
267-5580 94101620195
32 M 94101 82 GP

DOEBLIN MD, P LAURENCE, 3333 E CENTRAL ST STE 214, 67208-3109
685-1291 1002730312
40 M 1002 82 R

DOLAN JR MD, PHILIP JARVIS, 3311 E MURDOCK ST, 67208-3079
689-9241 2105730317
47 M 2105 79 GE

DOMME JR MD, SYLVESTER A, 925 N EMPORIA, 67214-3724
265-2876 0
48 M 1902 79 FP

DONNELL MD, JAMES M, 758 S HILLSIDE ST, 67211-3002
687-4421 1902550298
28 M 1902 55 FP

DOORNBOS MD, DANIEL C, 3311 E MURDOCK ST, 67208-3079
689-9355 1902840512
58 M 1902 0 IM

DORN MD, CURTIS C, 550 N HILLSIDE ST, 67214-4910
651-8580 1902830576
57 M 1902 83 PD

DORSCH MD, JOHN N, 1131 S CLIFTON AVE, 67218-2912
689-5500 1902790515
54 M 1902 0 FP

DOUTHIT MD, DOUGLAS D, 551 N HILLSIDE ST STE 510, 67214-4928
685-0559 4802790487
53 M 4802 80 OBG

DOWNING MD, GREGORY C, 551 N HILLSIDE ST STE 410, 67214-4927
684-3838 1902790531
52 M 1902 0 R

DRAKE MD, RALPH L, 1655 S GEORGETOWN APT 206, 67218-4122
0 4102260177
99 M 4102 37 OO

DRAZEK MD, GEORGE, 3311 E MURDOCK ST, 67208-3079
689-9316 3506760339
50 M 3506 81 OPH

DRAZEK MD, JANE K, 3600 E HARRY ST, 67218-3713
689-4774 3506760673
49 F 3506 81 P

DREVETS MD, CURTIS C, 3311 E MURDOCK ST, 67208-3079
689-9178 1902560331
30 M 1902 56 IM

DU PUIS MD, JOHN G, 222 S RIDGE RD, 67209-2165
945-5400 0
53 M 3843 92 PD

DUGAN MD, DAVID L, 1431 S BLUFFVIEW ST STE 117, 67218-3039
685-6466 1902870501
56 M 1902 88 AN

DUICK MD, GREGORY, 1035 N EMPORIA ST STE 210, 67214-1826
265-1308 1643720325
46 M 1643 77 CD

DURANO MD, ANTONIO C, 959 N EMPORIA ST STE 103, 67214-3723
263-7893 74807560160
29 M 74807 65 U

DYCK MD, GEORGE, 1010 N KANSAS, 67214-3199
261-2647 6201640154
37 M 6201 73 P

EARLY MD, JAMES L, 1010 N KANSAS, 67214-0000
261-2627 1720730495
47 M 1720 93 PM

EDWARDS MD, MANIS C, 1102 N ARMOUR ST, 67206-1332
0 3005580179
33 M 3005 65 OO

EGBERT MD, ANNE M, 5500 E KELLOGG, 67218-0000
685-2221 3840791229
54 F 3840 80 IM

EGELHOF MD, RICHARD H, 222 S RIDGE RD, 67209-2113
945-0142 1902730334
45 M 1902 75 FP

EKENGREN MD, FRANCIE H, 550 N HILLSIDE ST, 67214-4910
688-2239 1902870381
57 F 1902 89 FP

EKENGREN MD, HUGH I, 855 N HILLSIDE ST, 67214-4982
685-1381 1902890439
63 M 1902 90 FP

ELANGOVAN MD, SUDHA, 1010 N KANSAS ST, 67214-3124
261-2607 1902870527
45 F 1902 89 FP

ELLIS MD, LAVELLE A, 3243 E MURDOCK ST STE 500, 67208-0000
688-7300 0
60 F 1902 87 IM

ELSON MD, BRUCE C, 3311 E MURDOCK, 67208-0000
689-9422 0
61 M 2501 93 R

ENOCH MD, ROLLAND K, 3236 N ROCK RD #190, 67226-1337
634-1200 64914762101
49 M 64914 78 FP

ERNST MD, TARI MAE, 818 CARRIAGE PKY, 67208-4511
651-2202 3005810115
56 F 3005 0 FP

ESTEP MD, THOMAS H, 818 N EMPORIA ST STE 200, 67214-3788
263-0296 6002750161
51 M 6002 82 CDTS

ESTIVO D O, MICHAEL P, 731 N MCLEAN BLVD STE 150, 67203-4935
945-9915 2879850765
57 M 2879 90 ORS

EVANS MD, ROGER W, 933 N TOPEKA ST, 67214-3620
263-5889 1902640238
39 M 1902 65 CD

EYSTER MD, ROBERT L, 3243 E MURDOCK ST STE 200, 67208-3005
685-1491 3901730414
47 M 3901 74 ORS

FAHRENHOLTZ MD, RANDALL K, 3600 E HARRY ST, 67218-3784
689-4850 1902751960
50 M 1902 76 FP

FARHA MD, AYHAM J, 851 N HILLSIDE ST, 67214-4913
685-1371 60501840061
59 M 60501 0 U

FARHA MD, GEORGE J, 818 N EMPORIA ST STE 200, 67214-3726
263-0296 2101570358
27 M 2101 64 GS

FARHA MD, S JIM, 818 N EMPORIA ST STE 200, 67214-3788
263-0296 1001570419
31 M 1001 65 CDTS

FARHAT MD, ASSEM Z, 3243 E MURDOCK ST STE 500, 67208-3008
688-7300 87501830061
60 M 87501 90 CD

FARLEY MD, JAMES A, 3600 E HARRY ST, 67218-3713
689-5671 1902782229
50 M 1902 82 PATH

FEAREY MD, ALAN J, 3311 E MURDOCK ST, 67208-3079
689-9410 1902780609
53 M 1902 80 IM

FELT MD, SAMUEL E, 550 N HILLSIDE ST, 67214-4910
688-2825 1902720452
46 M 1902 75 PATH

FERNANDEZ MD, HECTOR O, 2450 N WOODLAWN ST, 67220-3902
689-8677 74809660129
41 M 74809 76 GS

FERRIS MD, BRUCE G, 825 N HILLSIDE ST, 67214-4913
688-7500 1902690324
43 M 1902 70 PS

FEUILLE JR MD, EDMOND G, 551 N HILLSIDE ST STE 510, 67214-4928
685-0559 4802750531
50 M 4802 76 OBG

FIELDS D O, STEPHEN, 7200 W 13TH ST N, 67212-2968
721-1200 2878720086
42 M 2878 73 FP

FISHER MD, RAY F, 3243 E MURDOCK ST STE 500, 67208-3008
688-7300 1902742227
49 M 1902 77 IM

FITZGERALD MD, EDWARD J, 711 STRATFORD RD, 67206-1454
0 3006500152
22 M 3006 50 OO

FITZIG MD, SANFORD, 3311 E MURDOCK ST, 67208-3079
689-9185 4102720640
46 M 4102 79 U

FLEMING MD, ROBERT H, 818 N EMPORIA STE 200, 67214-0000
263-0296 0
0 M 0 0 CDTS

FLOWERS JR MD, CLELL B, 2536 N FOX RUN CT, 67226-3606
0 1902550395
22 M 1902 55 OO

FLUTER MD, GEORGE G, 8338 W 13TH ST, 67212-0000
729-1030 0
57 M 1902 93 PM

FORD MD, CHARLES R, 232 S MAIZE RD, 67209-3110
722-0568 1902630241
38 M 1902 64 OPH

FORRED MD, WALTER, 551 N HILLSIDE ST STE 410, 67214-4927
684-3838 1902691223
43 M 1902 70 GER

FOWLER MD, ROBERT J, 3311 E MURDOCK ST, 67208-3079
689-9236 2802630169
37 M 2802 70 IM

FRANCISCO MD, DAN A, 551 N HILLSIDE ST STE 410, 67214-4927
684-3838 1803751508
40 M 1803 81 CD

FRANCISCO MD, LINDA L, 818 N EMPORIA ST STE 310, 67214-3727
263-5891 1803741448
47 F 1803 82 NEP

FRENCH MD, JAMES E, 1515 S CLIFTON AVE STE 420, 67218-2954
684-5237 3005780437
53 M 3005 80 GS

FRENCH MD, JEROME E, 310 S HILLSIDE ST, 67211-2129
684-2838 1103710223
44 M 1103 82 OTO

FRIEDERICH MD, JEFFREY A, PO BOX 8149, 67208-0000
685-9633 0
58 M 3905 94 AN

FRITZE MD, MARK H, 3600 E HARRY ST, 67218-3713
689-5050 3901840571
58 M 3901 90 DR

FRITZEMEIER MD, WILLIAM H, 7373 E 29TH ST N II E311, 67226-3405
0 1902410178
14 M 1902 41 OO

FROMER MD, JOEL, 2627 E CENTRAL, 67214-4608
684-0501 16506750095
46 M 16501 81 A

FROMM MD, ARTHUR H, 315 N HILLSIDE STE C, 67214-4915
685-2281 1902630267
37 M 1902 64 FP

FULTON MD, JOHN K, 236 S TERRACE DR, 67218-1432
0 5605430360
18 M 5605 50 OO

GALICHIA MD, JOSEPH P, 551 N HILLSIDE #410, 67214-4927
684-3838 1902690413
42 M 1902 70 CD

GALVAN MD, ALONSO, 3243 E MURDOCK STE 500, 67208-3008
688-7300 64906640013
38 M 64906 72 IM

GARDNER MD, JARED J, 550 N HILLSIDE, 67214-4910
688-7700 801710964
44 M 801 89 PATH

GASTON D O, JERRY G, 731 N MCLEAN BLVD STE 100, 67203-0000
945-7309 0
62 M 2878 94 GS

GENILO MD, CELESTE A, 3311 E MURDOCK, 67208-3054
689-9445 74801623470
39 F 74801 62 AN

GEORGE MD, EARL F, 2146 N OLD MANOR, 67208-2549
681-3320 1902650268
35 M 1902 66 FP

GIBBONS D O, DEBBIE R, 2335 N CEDAR DOWNS LN, 67223-7038
945-0142 4878860271
55 F 4878 91 FP

GILBAUGH III MD, JAMES H, 851 N HILLSIDE, 67214-0000
685-1371 0
61 M 4002 94 U

GILMARTIN MD, RICHARD C, 2620 E CENTRAL, 67214-4609
686-6866 4112580269
32 M 4112 77 PDN

GLUCK MD, JAMES L, 1507 W 21ST ST, 67203-2449
838-2020 3844850271
61 M 3844 91 ORS

GOLDBERG MD, HERBERT R, 1515 S CLIFTON AVE #440, 67218-2954
682-9130 3508590309
33 M 3508 64 PD

GONZALEZ MD, HIRAM, 1431 S BLUFFVIEW DR #116, 67218-3039
681-1384 64901520575
20 M 64901 71 P

GOOD D O, FREDERICK C, 550 N HILLSIDE, 67214-4910
688-2222 2878780208
51 M 2878 79 EM

GOODPASTURE MD, HEWITT C, 1100 N SAINT FRANCIS STE 130, 67214-2878
264-3505 1902690448
43 M 1902 70 IM

GORDON MD, JAMES R, 3311 E MURDOCK, 67208-3054
689-9260 1611781071
53 M 1611 83 ON

GOYLE MD, KRISHAN K, 1150 N SAINT FRANCIS ST, 67214-2883
267-9906 49529640055
34 M 49529 76 CD

GOYLE MD, VIMAL, 1150 N SAINT FRANCIS ST, 67214-2883
267-9906 49529670108
41 F 49529 76 OBG

GRABAU MD, GUY M, 1035 N EMPORIA STE 265, 67214-2939
269-4026 1902860661
54 M 1902 87 PUD

GRAINGER MD, DAVID A, 2903 E CENTRAL, 67214-4716
687-2112 1902810311
55 M 1902 0 END

GRANT MD, MICHAEL E, 818 N EMPORIA STE 310, 67214-3727
263-5891 1902850658
59 M 1902 86 NEP

GRAUEL MD, CHARLES W, 14821 SHARON LN, 67230-7061
685-8428 1902700451
44 M 1902 71 AN

GRAY MD, C LUCIEN, 3311 E MURDOCK, 67208-3054
689-9227 1902450293
21 M 1902 45 ENT

GRAY MD, H TOM, 1655 S GEORGETOWN ST #226, 67218-4123
0 401440313
19 M 401 55 OO

GREENWOOD MD, MELANIE A, 10202 W 13TH ST N, 67212-4377
729-9100 1902880620
49 F 1902 89 FP

GREER MD, JAMES A, 3311 E MURDOCK ST, 67208-3079
689-9227 1611690688
43 M 1611 78 OTO

GRELINGER MD, BART A, 3243 E MURDOCK ST STE 500, 67208-3008
688-7300 1902870683
61 M 1902 92 N

GRENE MD, ROBERT BRUCE, 8020 E CENTRAL AVE #200, 67206-2360
636-2010 1902780706
53 M 1902 0 OPH

GRINDEL DO, STEPHEN J, 8100 E 22ND ST N BLDG 2200, 67226-0000
683-4334 2878860406
56 M 2878 87 FP

GROSS MD, BRIAN M, 1035 N EMPORIA ST #265, 67214-2939
269-4026 2803820336
56 M 2803 0 PUD

GRUSHNYS MD, ARNOLD, 14419 TIPPERARY CIR, 67230-9565
0 40721590111
19 M 40721 70 OO

GUTHRIE MD, RICHARD A, 200 S HILLSIDE ST, 67211-2127
687-3100 2803600204
35 M 2803 73 PDE

HABASHY MD, SHAWKY N F, 2121 N TYLER RD #210, 67212-4900
722-6109 33004650056
43 M 33004 80 OBG

HAGAN MD, C THOMAS, 1010 N KANSAS ST, 67214-3199
261-2622 3006420205
16 M 3006 42 IM

HAGAN MD, FRANCIS J, 14817 E 29TH N, 67228-9632
0 3006390314
13 M 3006 39 OO

HAGAN MD, ROBERT C, 3311 E MURDOCK ST, 67208-3079
689-9306 1902770573
52 M 1902 82 GE

HAGAN MD, STEPHEN F, 1250 W MAPLE, 67213-3916
262-1057 2834800503
53 M 2802 81 PUD

HALL MD, J ROGER, 1148 S HILLSIDE ST #107, 67211-4005
685-5227 4802680517
42 M 4802 76 OPH

HARRINGTON MD, ELAINE M, 3236 N ROCK RD #190, 67226-2654
634-1200 1902890641
57 F 1902 90 PD

HARRIS D O, J SCOTT, 1650 GEORGETOWN #200, 67218-0000
686-7327 2878890828
61 M 2878 91 AN

HARRIS MD, FRANK H, 2026 N OLD MANOR, 67208-2508
0 1001390208
9 M 1001 39 OO

HARRISON MD, PAUL B, 3243 E MURDOCK STE 404, 67208-3007
685-6222 1902742154
49 M 1902 78 GS

HART MD, DILLIS L, 1515 S CLIFTON STE 300, 67218-2953
688-0135 3901640369
36 M 3901 67 GS

HART MD, JOHN J, 3340 E CENTRAL, 67208-3104
688-3070 2803800424
53 M 2803 78 GP

HARTLEY MD, FOUNT K, 3007 E CENTRAL, 67214-4814
686-7369 1902530343
25 M 1902 53 GS

HARTLEY MD, JAMES M, 818 CARRIAGE PKY, 67208-4511
685-8231 2604710581
45 M 2604 79 FP

HARTMAN MD, KECK R, 1100 N SAINT FRANCIS STE 130, 67214-2878
264-3505 1902820708
55 M 1902 0 ID

HARTWELL MD, KIMBERLY, 855 N HILLSIDE, 67214-4913
685-1381 1902821828
56 F 1902 83 FP

HARTWELL MD, RICK L, 855 N HILLSIDE, 67214-4913
685-1381 1902820716
83 M 1902 83 FP

HARVEY MD, ROSEMARY B, 2230 CARDINAL DR, 67204-5311
0 1902490287
24 F 1902 49 OO

HASKINS MD, ROBERT J, 1010 N KANSAS, 67214-3124
261-2607 1902740445
46 M 1902 75 FP

HASSAN MD, RIZWAN U, 818 N EMPORIA STE 411, 67214-3728
268-6856 70404710131
47 M 70404 70 N

HASTINGS MD, GLEN E, 1431 S BLUFFVIEW STE 109, 67218-0000
689-6396 1902620342
32 M 1902 67 IM

HATTRUP MD, RICHARD J, 2810 N BEND TREE CIR, 67226-2163
0 3006570282
31 M 3006 59 OO

HAWLEY MD, RAYMOND G, 929 N ST FRANCIS, 67214-3821
268-5559 1902650357
39 M 1902 66 PATH

HAY MD, JAMES R, 1120 S CLIFTON, 67218-2913
681-2108 1902860777
58 M 1902 88 AN

HAYES MD, WILLIAM L, 1209 GRETCHEN LN, 67206-1444
0 1902530351
28 M 1902 53 OO

HAYNES MD, DEBORAH G, 8100 E 22ND ST N #2200, 67226-2301
683-4334 1902790833
54 F 1902 80 FP

HEALY MD, PATRICK M, 818 N EMPORIA STE 101, 67214-3725
263-1574 3006820408
56 M 3006 86 AN

HELENA MD, WESLEY D, PO BOX 782438, 67278-2438
685-4389 1902880719
58 M 1902 89 AN

HELLMAN MD, DAVID W, 1520 S CLIFTON, 67218-2921
689-5775 1902870721
59 M 1902 88 EM

HELTON MD, REBECCA A, 3243 E MURDOCK STE 300, 67208-0000
681-0736 0
53 F 1902 92 HEM

HENWOOD MD, JOHN R, 1515 S CLIFTON STE 490, 67218-0000
686-6888 3901820707
52 M 3901 85 FP

HERBOLD MD, DAVID R., 550 N HILLSIDE, 67214-4910
688-2814 2802761433
42 M 2802 88 PATH

HERED MD, JOHN, 1515 S CLIFTON #370, 67218-2953
686-7222 2802670292
41 M 2802 73 N

HERSHORN MD, SIMON E, 9117 LAKEPOINT, 67226-2104
0 1902460205
22 M 1902 46 OO

HESSE MD, JAMES F, 9350 E CENTRAL STE 100, 67206-2555
636-2662 1902820775
54 M 1902 0 FP

HETT MD, EDWARD J, 1969 W 21ST, 67203-2106
832-9024 1902810401
55 M 1902 82 FP

HILL MD, LARY M, 1131 S CLIFTON AVE, 67218-2912
689-5500 1902770646
51 M 1902 78 FP

HINSHAW JR MD, CHARLES T, 1833 N ROCK RD CT, 67206-1251
685-4622 1902580413
32 M 1902 59 PATH

HIZON MD, RAMON R, 929 N SAINT FRANCIS, 67214-3821
268-5906 74801622503
38 M 74801 62 DR

HO MD, TEH I, 929 N SAINT FRANCIS, 67214-3821
268-5615 24402750274
50 M 24402 91 PATH

HODSON MD, HERVEY R, 8809 E HARRY APT 909, 67207-4723
0 1606310516
3 M 1606 31 OO

HOLDEN JR MD, RAYMOND F, 262 S BROOKSIDE, 67218-1705
0 2802330394
10 M 2802 56 OO

HOLLOWAY MD, KELLY D, 818 N EMPORIA STE 101, 67214-3725
263-1574 1902860874
57 M 1902 0 AN

HOLLOWAY MD, KEVIN B, 1100 N SAINT FRANCIS ST #400, 67214-2878
264-3222 1902840831
57 M 1902 85 P

HOLMES MD, JED D, 7111 E 21ST ST, 67206-1078
684-2851 3005780593
53 M 3005 79 FP

HOLT MD, JOHN M, 1010 N KANSAS ST, 67214-3199
261-2650 1902610380
35 M 1902 62 IM

HOPPOCK MD, KEVIN C, 7717 E 29TH ST N, 67226-0000
636-5585 1902890757
64 M 1902 90 FP

HORBELT MD, DOUGLAS V, 3243 E MURDOCK L-G, 67208-0000
681-0251 4802721744
47 M 4802 73 OBG

HOUSHOLDER MD, DANIEL F, 929 N ST FRANCIS, 67214-3821
268-5922 1902700559
43 M 1902 71 NM

HOUSHOLDER MD, MARTHA S, 835 N HILLSIDE, 67214-4913
685-4395 1902720991
46 F 1902 73 D

HOWARD MD, DONALD O, 82 VIA VERDE, 67230-1604
0 1902380236
11 M 1902 38 OO

HOWELL MD, STEVEN J, 1507 W 21ST ST N, 67203-2449
838-2020 0
60 M 1902 92 ORS

HUGHES D O, STEVEN R, 1520 S CLIFTON, 67218-2921
689-5775 2878820048
49 M 2878 83 FP

HUMMER MD, LLOYD M, 3311 E MURDOCK, 67208-3054
689-9323 3901570298
32 M 3901 66 IM

HUND MD, LARRY R, 3333 E CENTRAL STE 408, 67208-3111
682-0411 1902780838
52 M 1902 81 PD

HUNNINGHAKE MD, RONALD, 3100 N HILLSIDE, 67219-3904
682-3100 1902760616
51 M 1902 82 FP

HUNTER MD, KARLA J, PO BOX 8149, 67208-0149
685-9633 0
59 F 3901 0 AN

HUSTEAD MD, ROBERT F, 4714 N PORTWEST CIR, 67204-2359
687-2977 801540309
28 M 801 63 AN

HUTCHINSON MD, STEVEN A, 551 N HILLSIDE #550, 67214-4989
682-2911 1902840920
59 M 1902 0 GPVS

HUYCKE MD, EDWARD J, 5500 E KELLOGG, 67218-1607
651-3603 1902530424
28 M 1902 53 IM

HYDER MD, JACE W, 1431 S BLUFFVIEW STE 210, 67218-3039
687-1090 1902790990
52 M 1902 0 CRS

HYMAN MD, ANN B, 929 N ST FRANCIS, 67214-3821
268-5050 0
60 F 1902 90 EM

HYNES MD, HENRY E, 818 N EMPORIA STE 403, 67214-3728
262-4467 53902580120
35 M 53902 65 HEM

IBARRA MD, J LUIS, 8201 E HARRY #601, 67207-4647
0 64901460084
20 M 64901 59 OO

IDBEIS MD, BADR, 818 N EMPORIA #200, 67214-3788
263-0296 87501720591
47 M 87501 80 CDTS

INDECK MD, MARGARET N, 1650 GEORGETOWN DR STE 200, 67218-4127
686-7327 0
58 F 702 0 AN

JACKSON MD, CHARLES R, 7209 CRESTHILL, 67206-0000
0 1606530486
27 M 1606 60 OO

JACOB MD, KANNAMPALLY L, 1515 S CLIFTON STE 320, 67218-2954
689-8899 49537590075
31 M 49537 76 U

JADHAV MD, KISHOR B, 1625 S LONGFORD LN, 67207-5187
685-2221 49517710040
48 M 49517 76 AN

JAMES MD, DONALD L, 1301 N WEST, 67203-1347
945-5245 3901710553
42 M 3901 81 OTO

JAMES MD, PHILIP C, 3311 E MURDOCK, 67208-3054
689-9442 1902840954
51 M 1902 86 PD

JANSSON MD, KENNETH A, 905 N EMPORIA, 67214-3715
262-7598 3201820323
58 M 3201 91 ORS

JECHA MD, LARRY D, 1900 E 9TH ST, 67214-3198
268-8391 0
40 M 1902 66 PM

JEHAN MD, SAYED S, 635 N MAIN, 67203-3602
383-8036 70403590141
33 M 70403 75 P

JENNEY MD, CHARLES B, 14516 E PAWNEE, 67230-9140
0 2834610364
34 M 2834 68 OO

JENSEN JR MD, JOHN T, 1650 GEORGETOWN STE 200, 67218-4127
686-7327 1902892041
58 M 1902 90 AN

JENSEN MD, DARAN L, 551 N HILLSIDE STE 540, 67214-4928
685-7234 3005790645
52 M 3005 80 OBG

JOHNSON MD, CAROL A, 3340 E CENTRAL, 67208-3104
688-3070 1902770727
49 F 1902 78 FP

JOHNSON MD, CAROLYN K, 550 N HILLSIDE, 67214-4910
651-8580 1902800570
48 F 1902 81 NPM

JOHNSON MD, DAVID B, 818 N EMPORIA ST STE 403, 67214-3728
262-4467 702800561
54 M 702 0 HEM

JOHNSON MD, GEORGE K, 1010 N KANSAS ST, 67214-3199
261-2650 1205670277
40 M 1205 79 IM

JOHNSON MD, MATTHEW S, 7150 E HARRY ST, 67207-2991
687-2651 1902850887
59 M 1902 87 FP

JOHNSON MD, TERESA K, 818 CARRIAGE PKY, 67208-4511
651-2210 1902850895
58 F 1902 86 FP

JOHNSON MD, THOMAS E, 3333 E CENTRAL ST STE 214, 67208-3109
685-1291 1643670387
41 M 1643 75 R

JOHNSTON MD, SARAH C, 5500 E KELLOGG DR, 67218-1607
685-2221 1902760314
51 F 1902 0 IM

JONES MD, JAY S, 1515 S CLIFTON STE 130, 67218-0000
684-8211 64914770864
50 M 64914 0 ORS

JONES MD, JON K, 550 N HILLSIDE ST, 67214-4910
688-2239 1902830983
55 M 1902 88 IM

JONES MD, RODNEY L, 1040 RUTLAND ST, 67206-3823
634-2696 1803820798
56 M 1803 84 AN

JOSEPH JR MD, JAMES, 3243 E MURDOCK ST STE 200, 67208-3005
685-1491 702840571
56 M 702 0 ORS

JOSLIN MD, CHARLIE G, 855 N HILLSIDE ST, 67214-4913
685-1381 1902880841
56 M 1902 89 FP

JOST MD, GARY D, 1035 N EMPORIA ST #270, 67214-2939
264-5700 1902770778
51 M 1902 78 GS

JUDILLA JR MD, FRANCISCO, 818 N EMPORIA ST STE 101, 67214-3725
263-1574 74811710451
44 M 74801 76 AN

KADER MD, GIHAN S, 3311 E MURDOCK ST, 67208-3079
689-9137 60501740066
49 F 60501 0 N

KADISON MD, HERBERT I, 929 N SAINT FRANCIS ST, 67214-3821
268-5916 1611690921
44 M 1611 75 R

KAHN MD, DAVID M, 3311 E MURDOCK ST, 67208-3079
689-9316 3843790517
54 M 3843 85 OPH

KARDATZKE MD, DAVID S, 8200 W CENTRAL STE 1, 67212-3692
721-4544 1902900698
64 M 1902 0 FP

KARDATZKE MD, JON K, 8200 W CENTRAL ST STE 1, 67212-3661
721-4544 1720620673
36 M 1720 65 FP

KASHA MD, ROBERT L, 8454 E MOUNT VERNON ST, 67207-5247
0 2834380504
11 M 2834 46 OO

KASSEBAUM MD, KENNETH G, 8911 E ORME ST, 67207-2473
686-5108 1606600557
34 M 1606 75 CHP

KATER MD, ERIC D, 3600 E HARRY ST, 67218-3713
689-5050 1902820899
56 M 1902 87 DR

KAUFMAN MD, EUGENE E, 3243 E MURDOCK ST STE 200, 67208-3005
685-1491 1902560617
30 M 1902 56 ORS

KEITH MD, REX B., 925 N. EMPORIA ST, 67214-3724
265-2876 1902850909
59 M 1902 0 FP

KELLER MD, JAMES P, 3311 E MURDOCK ST, 67208-3054
689-9252 1902740631
48 M 1902 75 IM

KENAGY MD, ROBERT S, 7717 E 29TH N, 67226-3403
636-5585 1902870900
57 M 1902 0 FP

KENDRICK MD, J GILLERAN, PO BOX 47930, 67201-0000
688-2088 1902460311
20 M 1902 47 ADM

KENNEDY MD, GERALD T, 551 N HILLSIDE ST STE 410, 67214-4927
684-3838 1902610444
35 M 1902 62 GE

KERSCHEN MD, VALARIE L, 1010 N KANSAS ST, 67214-3124
651-8579 1902860980
59 F 1902 0 PD

KETTERMAN MD, DIANA K, 925 N EMPORIA, 67214-0000
268-5996 1902852111
58 F 1902 87 FP

KEYES MD, MICHAEL J, 2939 N ROCK RD STE 100, 67226-1100
636-4344 2101700669
44 M 2101 84 P

KHICHA MD, GYANCHAND J, 818 N EMPORIA STE 200, 67214-3788
263-0296 49530610071
37 M 49530 73 CDTS

KHOURY MD, GEORGE H, 3333 E CENTRAL STE 416, 67208-3111
681-2021 33002550101
32 M 33002 75 PD

KILGORE III MD, WILLIAM R, 3311 E MURDOCK, 67208-3054
689-9177 3901840881
58 M 3901 90 GE

KIM MD, PAIK N, 3243 E MURDOCK STE 300, 67208-3006
681-0736 58302580403
33 M 58302 75 HEM

KINDEL MD, VICTORIA W, 551 N HILLSIDE #540, 67214-4928
685-7234 1902861978
59 F 1902 87 OBG

KIPPERMAN MD, ROBERT M, 551 N HILLSIDE STE 410, 67214-4927
684-3838 30501810084
53 M 30501 0 CD

KIRK JR MD, E DAVID, 1431 S BLUFFVIEW DR STE 209, 67218-3039
685-1351 1902620440
34 M 1902 63 IM

KIRSCH MD, MARK A, 1650 GEORGETOWN STE 200, 67218-4127
686-7327 1902820953
53 M 1902 85 AN

KISER MD, JOHN L, 3243 E MURDOCK STE 404, 67208-3007
685-6222 2802620465
37 M 2802 65 GS

KISER MD, WILLARD J, 7373 E 29TH ST N #E-115, 67226-3405
0 4705300211
5 M 4705 34 OO

KLAFTA MD, LEONARD A, 3311 E MURDOCK, 67208-3054
689-9524 1611620817
37 M 1611 87 NS

KLAUMANN MD, MICHELLE, 905 N EMPORIA, 67214-0000
262-7598 0
59 F 1902 88 ORS

KLEIN MD, TERRY D, 7602 E HARRY, 67207-3128
682-7411 1902850941
55 M 1902 0 FP

KLINGMAN MD, DIANE D, 8100 E 22ND ST N #2200, 67226-2301
683-4334 1902790493
53 F 1902 80 FP

KLONIS D O, DEMOSTHENIS, 551 N HILLSIDE #410, 67214-4927
684-3838 4878830321
55 M 4878 0 CD

KLUZAK MD, THOMAS R, 550 N HILLSIDE, 67214-4910
688-2836 1643741870
49 M 1643 88 PATH

KNAPP MD, M ROBERT, 37 VIA ROMA, 67230-1602
0 3519470615
23 M 3519 55 OO

KNEIDEL MD, THOMAS W, 1111 N SAINT FRANCIS ST, 67214-2800
267-1924 4101660562
40 M 4101 70 ORS

KNIGHT D O, DENIS D, 118 E 21ST, 67214-0000
838-3381 2878870894
56 M 2878 88 GP

KNIGHT MD, LAURA C, 929 N ST FRANCIS, 67214-3821
268-5912 502680188
42 F 502 0 DR

KNIGHT MD, PHILIP J, 818 N EMPORIA STE 200, 67214-3788
263-0296 502680650
42 M 502 82 PDS

KOEHLER D O, TIMOTHY M, 222 S RIDGE RD, 67209-0000
945-0142 3979900090
59 M 3979 92 FP

KOEHN MD, NORMAN S, 3311 E MURDOCK, 67208-3054
689-9242 3901851815
49 M 3901 0 IM

KORTJE MD, DAVID K, 3133 S SENECA, 67217-0000
524-1613 0
63 M 3005 90 FP

KOURI MD, SAMMY H, 551 N HILLSIDE STE 550, 67214-4989
682-2911 3901570387
33 M 3901 62 GS

KRAUSE MD, ROLAND L, 230 S RUTAN, 67218-1138
0 1902530505
25 M 1902 53 OO

KREADY MD, JOHN L, 818 CARRIAGE PKY, 67208-4511
685-8231 1902791091
48 M 1902 80 FP

KRYZER MD, THOMAS C, 427 N HILLSIDE, 67214-0000
686-6608 0
57 M 1002 0 OTO

KUBINA MD, GLENN RICHARD, 310 S HILLSIDE, 67211-2129
684-2838 3840730831
47 M 3840 79 OTO

KUMAR MD, ARUN, 3333 E CENTRAL #816, 67208-3115
685-5326 49529740106
50 M 49529 85 PD

KURTH MD, C JOSEPH, 27 NORFOLK DR E, 67206-2016
0 3006350312
10 M 3006 37 OO

LAI MD, CHUEN-HUEY, 929 N ST FRANCIS, 67214-3821
268-5428 24405780051
53 F 24405 88 PATH

LANCE JR MD, JOHN F, PO BOX 8206, 67208-8206
0 1902450382
20 M 1902 45 OO

LAPOINTE MD, LEON R, 1515 S CLIFTON AVE STE 200, 67218-2952
686-2800 6201650214
42 M 6201 91 N

LATIMER MD, KATHERINE, 1650 GEEORGETOWN ST STE 200, 67218-4127
686-7327 401750576
49 F 1205 78 AN

LAUDERT MD, SUSAN E, 550 N HILLSIDE, 67214-0000
651-8580 1902870985
51 F 1902 92 NEM

LAUER MD, DAVID K, 8200 W CENTRAL ST STE 1, 67212-3661
721-4544 1902880972
60 M 1902 90 FP

LAWN MD, CLAUDIA A, 144 S HILLSIDE ST, 67211-2192
685-3411 1902751536
50 F 1902 77 R

LAWN MD, RAYMOND A, 715 N MISSION RD, 67206-1547
683-8991 2604360431
9 M 2604 49 AM

LAWTON MD, STEVEN K, 3311 E MURDOCK ST, 67208-3079
689-9309 1902870993
61 M 3005 92 U

LEAR MD, REX V, 8911 E ORME ST STE D, 67207-2498
686-5195 1902861048
60 M 1902 87 P

LEE JR MD, EDWARD S, 2002 E 17TH ST N, 67214-1849
0 4707370195
9 M 4707 52 OO

LEE MD, MARTIN W, 3243 E MURDOCK ST STE 300, 67208-3089
681-0736 4814820870
56 M 4814 86 ON

LEE MD, R REX, 6155 E HARRY ST, 67218-3895
682-1754 3901550637
29 M 3901 55 FP

LEISY MD, JERALD W, 3310 E DOUGLAS AVE STE 101, 67208-3394
681-2937 1902680582
42 M 1902 70 P

LEITNER MD, YORAM B, 3311 E MURDOCK ST, 67208-3079
689-9227 3519770821
53 M 3519 82 OTO

LESKO MD, PAUL D, PO BOX 407, 67201-0407
264-9225 5605790820
49 M 5605 0 ORS

LEU MD, RICHARD H, 925 N EMPORIA ST, 67214-3724
268-5996 1803740697
48 M 1803 89 FP

LEVINE MD, WILLIAM R, 8911 E ORME ST, 67207-2498
686-5151 1902670561
42 M 1902 68 P

LIES MD, RICHARD B, 3311 E MURDOCK ST, 67208-3079
689-9131 1902680604
42 M 1902 69 RHU

LIN MD, JOE J, 929 N ST FRANCIS ST, 67214-3821
268-5420 24404690112
42 M 24404 72 PATH

LINDHOLM MD, DWIGHT L, 3333 E CENTRAL ST STE 602, 67208-3113
651-0033 1902781044
53 M 1902 89 PDN

LIPMAN MD, RANDEE E, 3311 E MURDOCK ST, 67208-3079
689-9370 64935831189
56 F 64935 91 CD

LITTELL MD, JAMES A, 929 N ST FRANCIS ST RMC, 67214-3821
268-5048 1902711305
44 M 1902 72 EM

LIVINGSTON D.O., DOUGLAS R, 551 N HILLSIDE ST STE 410, 67214-4927
684-3838 2879770486
52 M 2879 78 PUD

LOEFFLER MD, JAMES A, 400 N WOODLAWN ST STE 109, 67208-4331
685-5375 3841630458
36 M 3841 68 A

LOEWEN MD, WILLIAM C, 8200 W CENTRAL ST STE 1, 67212-3661
721-4544 1902711275
41 M 1902 72 FP

LOGAN MD, DONNA L, 855 N HILLSIDE, 67214-0000
685-1381 1902910880
65 F 1902 92 FP

LOGAN MD, JAMES E, 855 N HILLSIDE, 67214-0000
685-1381 0
65 M 1902 92 FP

LOHNES JR MD, JOHN H, 3333 E CENTRAL ST STE 214, 67208-3109
685-1291 1803820984
55 M 1803 0 DR

LOKER MD, JAMES L, 3311 E MURDOCK ST, 67208-3079
689-9264 1902861099
56 M 1902 0 PDC

LOSEE MD, JOHN M, 1650 GEORGETOWN ST STE 200, 67218-4127
686-7327 4301770711
51 M 4301 82 AN

LOUIS D O, MICHELLE, 7717 E 29TH ST N, 67226-3403
636-5585 2878880202
59 F 2878 91 FP

LOVETT MD, PAUL A, 110 PATTON, 67208-4437
0 1902450391
9 M 1902 45 OO

LOW MD, HAROLD L, 2481 COOLIDGE, 67204-5615
0 1902440891
18 M 1902 44 OO

LOWER MD, TERI A, 3311 E MURDOCK, 67208-0000
689-9269 1902870349
60 F 1902 88 A

LUCAS MD, GEORGE L, 3311 E MURDOCK, 67208-3054
689-9495 1001610542
34 M 1001 84 ORS

LUDLOW MD, MICHAEL G, 8200 W CENTRAL STE 1, 67212-3661
721-4544 1902821054
56 M 1902 85 FP

LUEKEN MD, LUEKE B, 3311 E MURDOCK, 67208-3054
689-9234 40723520110
23 M 40723 63 OBG

LUTZ MD, RICHARD E, 550 N HILLSIDE, 67214-4910
688-2362 1902841179
55 M 1902 88 PD

LYGRISSE MD, DANIEL V, 3311 E MURDOCK, 67208-3054
689-9107 64914782838
50 M 64914 82 FP

LYNCH MD, MARY A, PO BOX 21316, 67208-7316
263-2163 1002772147
48 F 1002 81 FP

MAGIDSON MD, ELLIOTT A, 116 LONGFORD CT, 67206-2424
689-9275 1611681166
43 M 1611 21 PATH

MAHER MD, JAMIE L, 818 N EMPORIA STE 101, 67214-0000
263-1574 0
62 F 3901 94 AN

MAILMAN MD, GERSHOM, 7510 NORFOLK CIR, 67206-2108
0 3519530791
26 M 3519 57 OO

MANASCO MD, RONALD R, 1650 GEORGETOWN #200, 67218-4127
686-7327 512830846
52 M 512 0 AN

MANDELBAUM MD, MARK A, PO BOX 47668, 67201-7668
684-3838 3901791057
53 M 3901 83 N

MANN D O, JEFF L, 8444 W 21ST ST, 67205-0000
721-9500 0
54 M 5575 0 PD

MANNING MD, ROBERT T, 1010 N KANSAS ST, 67214-3199
261-2622 1902540586
27 M 1902 54 IM

MARBACH MD, JAMES C, 3600 E HARRY, 67218-3713
689-5043 4804830940
57 M 4804 90 RO

MAREK D O, RON J, 501 N MAIZE RD, 67212-0000
721-5000 0
80 M 3979 0 FP

MARSH MD, CONNIE M, 1100 N ST FRANCIS ST #400, 67214-2878
264-3222 1902752362
47 F 1902 78 P

MARTIN JR MD, GLEN E, 7504 E 10TH ST CIR N, 67206-3855
0 1902490457
20 M 1902 49 OO

MARTIN MD, RONALD L, 1010 N KANSAS ST, 67214-3199
261-2669 1606710824
45 M 1606 80 P

MARYMONT JR MD, JESSE H, 550 N HILLSIDE, 67214-4976
688-2847 3515540368
28 M 3515 64 PATH

MATASSARIN MD, BENJAMIN M, 551 N HILLSIDE #410, 67214-4927
684-3838 1902450412
20 M 1902 45 IM

MATASSARIN MD, FREDERICK W, 734 N EMPORIA, 67214-3707
265-2382 1902370397
15 M 1902 37 U

MAURICIO MD, DENNY G, 2456 N WOODLAWN, 67220-3902
685-1382 1401850836
54 M 0 87 FP

MAWDSLEY MD, MICHAEL W, 1010 N KANSAS, 67214-3124
261-2622 1902741662
49 M 1902 75 PD

MAY MD, CORRI L, 532 N BROADWAY, 67214-0000
263-2635 0
48 F 2105 93 PATH

MAYUR MD, NITIN N, 3311 E MURDOCK ST, 67208-0000
689-9367 0
60 M 49528 0 END

MCBOYLE MD, MARILEE, 818 N EMPORIA STE 200, 67214-3788
263-0296 1902770867
52 F 1902 78 GS

MCCLANAHAN MD, WARD A, 1515 S CLIFTON STE 130, 67218-2951
684-8211 3005480409
22 M 3005 49 ORS

MCCLELLAN MD, ERNEST L, PO BOX 8149, 67208-0149
685-9633 4802700895
38 M 4802 73 AN

MCCOWN MD, ROBERT B, 1611 N MOSLEY, 67214-0000
263-7455 2846770235
52 M 2846 87 FP

MCCOY MD, C PATRICK, 1650 GEORGETOWN #200, 67218-4127
686-7327 1902791261
53 M 1902 83 AN

MCCOY MD, CHARLES P, 1211 RUTLAND, 67206-0000
0 3006420302
17 M 3006 42 OO

MCDONALD MD, TERENCE, 550 N HILLSIDE, 67214-0000
688-2239 1902821186
52 M 1902 92 IM

MCDONOUGH MD, W DAVID, 3311 E MURDOCK, 67208-3054
689-9239 3305761337
48 M 3305 82 U

MCGUIRE MD, CHARLES W, 3333 E CENTRAL STE 214, 67208-3109
685-1291 1803841124
57 M 1803 0 DR

MCGUIRE MD, WILLIAM F, 8725 STONERIDGE, 67206-2440
0 4101431601
17 M 4101 49 OO

MCINNIS MD, DALTON B, 2405 E PAWNEE, 67211-5455
685-2153 3901710766
45 M 3901 88 FP

MCKAY MD, ROBERT S, PO BOX 782438, 67278-2438
685-4389 3901831067
56 M 3901 84 AN

MCMASTER MD, JOHN F, 315 N HILLSIDE #B, 67214-4915
681-0423 2106821146
54 M 2106 83 FP

MCMULLEN MD, BRUCE R, 1122 S CLIFTON, 67218-2913
682-5012 4002790713
53 M 4002 80 IM

MCNAMARA MD, PATRICIA, 2703 E CENTRAL, 67214-4610
685-1277 0
60 F 3806 91 OBG

MCNICKLE MD, GEORGE A, 222 S RIDGE RD, 67209-2113
945-0142 1902750742
49 M 1902 0 FP

MCQUEEN MD, DAVID A, 905 N EMPORIA BOX 3298, 67214-3715
262-7598 64914750138
47 M 64914 77 ORS

MEANS MD, MILA L, 818 CARRIAGE PKY, 67208-4511
685-8231 1902821232
56 F 1902 83 FP

MEEK JR MD, JOSEPH C, 1010 N KANSAS ST, 67214-3199
261-2600 1902570582
31 M 1902 57 IM

MEHTA MD, PRAFUL, 940 N TYLER STE 100, 67212-0000
721-1111
48 M 49579 0 FP

MEISEL JR MD, RICHARD L, 3243 E MURDOCK STE 201, 67208-3005
688-7990 1902831254
53 M 1902 84 OBG

MEISTER MD, GREGORY C, 1120 S CLIFTON, 67218-0000
681-2108 0
58 M 3006 93 AN

MELEAN MD, JAIME, 1152 S CLIFTON AVE, 67218-2913
688-0321 17602670015
40 M 17602 78 CD

MELHORN MD, J MARK, 625 N CARRIAGE PKY STE 125, 67208-4510
688-5656 1902791317
53 M 1902 82 ORS

MELHORN MD, KATHERINE J, 3243 E MURDOCK ST LEVEL A, 67208-3052
688-3110 1902810532
55 F 1902 83 PD

MENAKER MD, JEROME S, 2703 E CENTRAL ST, 67214-4610
685-1277 1002410423
16 M 1002 49 OBG

MENDIONES MD, L MARLENE, 8100 E 22ND ST N #1700-3, 67226-2317
687-5733 1611701078
45 F 1611 75 D

MENEHAN MD, H JAMES, 9006 PEPPERTREE CIR, 67226-1513
0 1902530581
26 M 1902 53 OO

MENKING MD, F W MANFRED, 3311 E MURDOCK ST, 67208-3079
689-9336 40715610037
34 M 40715 74 PD

MENKING MD, SUSAN M, 1010 N KANSAS ST, 67214-3199
261-2631 3840671461
41 F 3840 77 PD

MERCADER MD, MARIO S, 1650 GEORGETOWN ST STE 200, 67218-4127
686-7327 74801690151
43 M 74801 78 AN

MEREDITH MD, W TOM, 1035 N EMPORIA ST #105, 67214-2998
263-7285 4812610681
35 M 4812 69 IM

MERRIFIELD MD, TERRY S, 818 CARRIAGE PKY, 67208-4511
685-8231 1002751221
47 F 1002 76 FP

MERSHON MD, JAMES C, PO BOX 2517, 67201-2517
263-5889 1803630727
37 M 1803 70 CD

MESSAMORE MD, DEBRA L, 551 N HILLSIDE ST STE 540, 67214-4928
685-7234 1902841250
58 F 1902 0 OBG

MESSNER MD, STAN A, 8200 W CENTRAL ST, 67212-3661
721-4544 1902831262
56 M 1902 84 FP

MEYER MD, WARREN E, 130 BRENDONWOOD CT, 67206-2102
684-9713 1606511139
27 M 1606 58 OO

MICHELBACH MD, ALBERT P, 4815 E CENTRAL, 67208-4014
686-4750 2101610643
35 M 2101 66 IM

MILFELD MD, DOUGLAS J, 818 N EMPORIA STE 200, 67214-3788
263-0296 4804720443
45 M 4804 79 CDTS

MILLER MD, DAVID P, 7111 E 21ST, 67206-1078
684-2851 2803770649
50 M 2803 78 FP

MILLER MD, ROGER M, 1431 S BLUFFVIEW STE 205, 67218-3039
687-3201 4102630888
37 M 4102 83 BLB

MILLER MD, TODD A, 8200 W CENTRAL STE 1, 67212-3661
721-4544 1902810559
55 M 1902 82 FP

MILLS MD, PHILIP R, 8338 W 13TH, 67212-2900
729-1030 512751938
49 M 512 0 PM

MINNS MD, GAROLD O, 1010 N KANSAS ST, 67214-3199
261-2650 1902760969
51 M 1902 77 IM

MIRANDA MD, JOSEPH R, 3311 E MURDOCK, 67208-3054
689-9422 4812791155
52 M 4812 0 DR

MOELLER MD, CHRISTOPHER A, 835 N HILLSIDE, 67214-4913
685-4395 1803831137
55 M 1803 87 D

MONTGOMERY-SHORT MD, RUTH G, 1019 W 50TH NORTH, 67204-2707
0 1902370435
10 F 1902 37 OO

MOORE MD, DENNIS F, 3311 E MURDOCK, 67208-3054
689-9250 2101620878
36 M 2101 64 HEM

MORFORD MD, RONALD G, 4165 N CLARENDON ST, 67220-1907
688-2468 1902741395
47 M 1902 75 EM

MORGAN III MD, LOUIS S, 8030 E KELLOGG, 67207-1808
683-3811 3901480353
22 M 3901 49 FP

MORGAN MD, JAMES I, 3124 S SENECA ST, 67217-3244
522-2266 1606530834
29 M 1606 56 FP

MORGAN MD, MITCH A, 3243 E MURDOCK STE 500, 67208-0000
688-7300 1902891281
63 M 1902 92 IM

MORGAN MD, RANDALL J, 345 N HILLSIDE, 67214-4905
682-4572 1902770999
52 M 1902 0 OBG

MORRIS MD, HARRY A, PO BOX 3298, 67201-3298
262-7598 3605800717
53 M 3605 91 ORS

MORRISON MD, RICHARD L, 1148 S HILLSIDE ST STE 102, 67211-4005
684-3391 1902670676
42 M 1902 68 FP

MORROW MD, THOMAS F, 3310 E DOUGLAS AVE, 67208-3310
685-1443 5606460980
21 M 5606 51 P

MORTENSEN MD, STEEN E, 3311 E MURDOCK, 67208-0000
689-9565 0
42 M 29703 0 RHU

MOSER MD, SCOTT E, 3340 E CENTRAL ST, 67208-3104
688-3070 4804802351
55 M 4804 87 FP

MOSIER MD, STANLEY J, 818 CARRIAGE PKY, 67208-4511
685-8231 1902680701
42 M 1902 69 FP

MROZ MD, MARY K, 3340 E CENTRAL ST, 67208-3104
688-3070 1846810440
57 F 2846 87 FP

MUELLER MD, MICHAEL A, 1650 S GEORGETOWN ST STE 200, 67218-4127
686-7327 1902861242
60 M 1902 89 AN

MULLINIX MD, JANICE M, 3311 E MURDOCK ST, 67208-3079
689-9137 2802731089
47 F 3006 77 N

MURATI MD, PEDRO A, 250 N ROCK RD STE 210, 67206-0000
681-2420 3508881184
62 M 3508 92 PM

MURPHY MD, BARRY L, 3243 E MURDOCK ST STE 500, 67208-3008
688-7300 1902710767
45 M 1902 72 IM

MURPHY MD, DUANE A, 3243 E MURDOCK ST STE 200, 67208-3005
685-1491 1902650659
32 M 1902 66 ORS

MURPHY MD, PATRICK L, 7150 E HARRY ST, 67207-2991
687-2651 3901811198
55 M 3901 82 FP

MURPHY MD, PAUL M, 3600 E HARRY ST, 67218-3713
689-5050 3006510492
28 M 3006 57 R

MURPHY MD, PAUL W, 8911 E ORME ST, 67207-2473
686-5151 1902821348
49 M 1902 83 P

MURPHY MD, WILLIAM R C, 818 N EMPORIA ST STE 200, 67214-3788
263-0296 1602680441
43 M 1611 0 CDTS

MURROW MD, RICHARD W, 3243 E MURDOCK ST STE 500, 67208-3008
688-7300 1902851280
57 M 1902 86 N

MYRICK MD, MICKEY C, 1131 S CLIFTON AVE, 67218-2990
689-5500 3005740702
42 M 1803 0 FP

NACHTIGALL MD, ANDREW, 222 S RIDGE RD, 67209-7570
945-5400 1902590621
28 M 1902 64 PD

NASH MD, CYNTHIA I, 9350 E CENTRAL ST STE 100, 67206-2555
636-2662 5107880536
60 F 5107 89 FP

NEEL MD, JAMES W, 551 N HILLSIDE STE 410, 67214-0000
684-3838 0
53 M 1902 92 CD

NELSON JR MD, GUST H, 9127 AUTUMN CHASE ST, 67206-4021
0 1902460426
23 M 1902 46 OO

NELSON MD, GERALD D, 825 N HILLSIDE ST, 67214-4913
688-7500 1902600601
34 M 1902 61 PS

NELSON MD, RUSSELL A, 550 N HILLSIDE ST, 67214-4976
651-8580 1902450510
18 M 1902 45 PD

NESMITH MD, LESLIE W, 530 N LORRAINE ST ST STE 100, 67214-4837
683-5611 1902660760
40 M 1902 67 OPH

NETHERTON MD, DAVID M, 315 N HILLSIDE ST STE A, 67214-4915
686-3391 2803810748
55 M 2803 82 FP

NEUMAN MD, MICHAEL J, 929 N SAINT FRANCIS, 67214-3882
268-5922 5605860933
60 M 5605 91 DR

NEWBY MD, JAMES P, 818 N EMPORIA ST STE 200, 67214-3788
263-0296 1902590656
34 M 1902 70 CDTS

NEWLIN MD, PHILIP L, 3311 E MURDOCK, 67208-0000
689-9278 0
61 M 1902 0 PD

NEWSOM MD, F CARTER, 3310 E DOUGLAS AVE, 67208-3310
685-1443 1201430549
18 M 1201 50 P

NICHOLAS MD, W JOHN, 551 N HILLSIDE STE 410, 67214-0000
684-3838 0
53 M 64914 0 CD

NIELSEN MD, MARY L, 3333 E CENTRAL ST STE 721, 67208-3114
681-2741 1902771081
47 F 1902 78 PATH

NIERNBERGER D O, JERRY E, 3236 N ROCK RD #190, 67226-0000
634-1200 2878850541
52 M 2878 86 GP

NIXON MD, WILLIAM A, 2916 MENLO, 67211-3838
0 1902441111
16 M 1902 44 OO

NOLAN D O, PHYLLIS C, 551 N HILLSIDE STE 410, 67214-0000
684-3838 3979830113
59 F 3979 0 GP

NOLLA MD, LORAINE B, 3311 E MURDOCK, 67208-0000
689-9234 1902890161
60 F 1902 90 OBG

NORMAN MD, BENJAMIN R, 2757 S SENECA, 67217-2862
264-5182 1902851361
56 M 1902 86 FP

NORRIS MD, ROBERT P, 8649 E CHERRY CREEK CT, 67207-5218
0 1902430594
17 M 1902 43 OO

NORTH MD, DORIS G, 1148 S HILLSIDE, 67211-4005
684-5257 1902470413
16 F 1902 47 FP

NORTON MD, ROBERT K, 3311 E MURDOCK, 67208-3054
689-9235 1001570702
32 M 1001 67 PD

O'DEA MD, TIMOTHY O, 1650 GEORGETOWN STE 200, 67218-4127
686-7327 5404791291
53 M 5404 91 AN

O'DONNELL JR MD, LEONARD A, 32 NORFOLK, 67208-4425
0 1902550883
27 M 1902 55 OO

OCHSNER MD, BRUCE B, 1100 N TOPEKA ST, 67214-2810
263-6273 1902650667
39 M 1902 66 OPH

ODENHEIMER MD, BURTRAM J, 3311 E MURDOCK, 67208-3054
689-9137 2105731011
48 M 2105 73 N

OLMSTEAD MD, CALVIN G, 818 N EMPORIA STE 411, 67214-3728
268-6856 6002790139
50 M 6002 84 N

ORTH-BAALMAN MD, DIANE M, 222 S RIDGE RD, 67209-2113
945-5400 1902821402
56 F 1902 83 PD

OSIO MD, ANTONIO L, 2450 N WOODLAWN ST, 67220-3902
689-8677 26404660097
41 M 26404 72 EM

OSOBA MD, WILLIAM G, 315 N HILLSIDE ST #C, 67214-4492
685-1461 2802510635
25 M 2802 54 FP

OSTER MD, JOYCE A, 3311 E MURDOCK, 67208-3054
689-9422 1902791422
54 F 1902 80 DR

OUANO JR MD, BIBIANO B, 1431 BLUFFVIEW ST #112, 67218-3039
684-5094 74801634391
40 M 74801 79 U

OWEN MD, LARUE W, 236 N BELMONT, 67208-3805
0 1902500517
19 M 1902 50 OO

OXLEY MD, DWIGHT K, 550 N HILLSIDE, 67214-4910
688-2810 1902620644
36 M 1902 63 PATH

OZANNE MD, STEPHEN, 1507 W 21ST, 67203-2449
838-2020 2301811147
56 M 2301 91 ORS

PAGE D O, LESLIE F, PO BOX 4446, 67204-0446
685-5691 2878820889
52 F 2878 83 OBG

PAGE MD, PATRICK B, 14608 WILLOWBEND CIR, 67230-9239
733-9815 0
42 M 1902 69 EM

PAGE MD, RUTH, 1051 N STRATFORD, 67206-1347
0 1902430616
13 F 1902 43 OO

PALKO MD, WILLIAM M, 1159 N RUTLAND CT, 67206-3833
688-2809 4114820682
56 M 4114 87 BLB

PALMER MD, DAVID L, PO BOX 9450, 67277-0450
722-9132 1902630631
37 M 1902 64 A

PANKOW MD, KIMBERLY J, 2939 N ROCK RD S-100, 67226-1100
636-4344 1902832153
55 F 1902 85 P

PANKOW MD, LARRY M, 2939 N ROCK RD #100, 67226-1100
636-4344 1902831424
49 M 1902 85 P

PARKER MD, HAROLD L, 7027 FARMVIEW CT, 67206-1075
0 1902670731
32 M 1902 68 OO

PARMAN MD, CRAIG R, 2757 S SENECA, 67217-2862
264-5182 1902841403
56 M 1902 87 FP

PASSMAN MD, STEVEN M, 835 N HILLSIDE, 67214-4913
685-4395 2803730671
47 M 2803 83 D

PATTON MD, J MICHAEL, 990 GEORGE WASHINGTON BLVD, 67211-3800
686-2111 3005780941
51 M 3005 79 FP

PAXTON MD, EDWARD S, 3600 E HARRY, 67218-3713
689-5672 2802770815
51 M 2802 83 PATH

PAY MD, NORMAN T, 929 N ST FRANCIS, 67214-3821
268-5914 74802680191
45 M 74802 77 NR

PEEL MD, KERRY A, 816 SPAULDING, 67203-3258
267-8521 14303870017
48 M 14303 90 FP

PEERY MD, WILLIAM H, 1010 N KANSAS ST, 67214-3199
261-2650 4802731103
46 M 4802 82 IM

PELLETIER JR MD, LAWRENCE L, 5500 E KELLOGG, 67218-1607
651-3654 3501680841
42 M 3501 71 IM

PENCE MD, CHARLES D, 3311 E MURDOCK, 67208-3054
689-9468 1902680779
42 M 1902 69 ORS

PENNER MD, STEVEN D, 855 N HILLSIDE, 67214-4913
685-1381 1902831441
55 M 1902 86 FP

PENNINGTON MD, KATHERINE, 2113 S BLUFF CT, 67218-4924
0 1902430641
16 F 1902 43 OO

PERALES MD, MERCEDES, 1100 N SAINT FRANCIS ST #400, 67214-2878
264-3222 4934810081
57 F 0 85 P

PERERIE MD, JERRY D, 1100 N SAINT FRANCIS STE 130, 67214-2878
264-3505 1902752559
48 M 1902 76 IM

PETERS MD, THOMAS J, 3311 E MURDOCK, 67208-3054
689-9107 2803770762
47 M 2803 79 IM

PETERSON MD, STACY L, 818 N EMPORIA STE 305, 67214-3727
265-1441 0
55 M 1902 81 GS

PHILLIPS MD, DENNIS G, 1969 W 21ST ST, 67203-2106
832-9024 1902851409
58 M 1902 89 FP

PHIPPS MD, JACK G, 117 BRENDENWOOD CT, 67206-2101
0 1902530661
21 M 1902 53 OO

PIAZZA D O, RICHARD S, 501 N MAIZE RD, 67212-0000
721-5000 0
57 M 2879 92 GP

PIBURN MD, MARVIN F, 125 N ZELTA, 67206-2750
0 1803480377
22 M 1803 80 OO

PICKERT MD, CURTIS B, 550 N HILLSIDE, 67214-0000
688-7190 1902841446
57 M 1902 85 PD

PINSKER MD, JACOB A, 556 BROADMOOR CT, 67206-1647
0 1902350345
6 M 1902 35 OO

PIRELA-CRUZ MD, MIGUEL A, 3311 E MURDOCK ST, 67208-3079
689-9282 4113801218
52 M 4113 92 ORS

POLING MD, TERRY L, 7602 E HARRY ST, 67207-3128
682-7411 1902620717
36 M 1902 63 FP

POLLMAN MD, STANLEY E, 3600 E HARRY ST, 67218-3713
689-5668 0
30 M 3007 84 PATH

POLLOCK MD, ANTHONY G A, 825 N EMPORIA ST, 67214-3709
264-2806 91905710023
45 M 80305 76 ORS

POOLE MD, BERNARD T, 825 N EMPORIA ST, 67214-3709
264-2806 53902620318
37 M 53902 73 ORS

PORTER MD, GARRY L, 635 N MAIN, 67203-0000
383-7291 1606610927
35 M 1606 63 P

PORTER MD, MICHAEL G, 1515 S CLIFTON AVE STE 310, 67218-2953
686-1991 1902851433
59 M 1902 85 GS

PRESKORN MD, SHELDON H, 1100 N ST FRANCIS STE 400, 67214-3821
291-4774 1902740879
48 M 1902 75 P

PULLMAN MD, NORMAN K, 6802 E 25TH ST N, 67226-0000
0 3006450406
21 M 3006 53 OO

PURINTON MD, LEW W, 1431 S BLUFFVIEW DR STE 109, 67218-3039
689-6396 1902480371
23 M 1902 48 IM

RADOVANOV MD, RADMILA, PO BOX 780446, 67278-0446
683-1243 95702600082
34 F 95702 72 R

RAGHAVAN MD, PARULA P, 1035 N EMPORIA ST #245, 67214-2939
262-7662 49501710783
47 F 49501 80 IM

RAGHAVAN MD, PRAKASH V, 1035 N EMPORIA ST #245, 67214-2939
262-7662 49501701091
46 M 49501 80 CD

RANDALL MD, GEORGE R, 310 S HILLSIDE ST, 67211-2129
684-2838 2802690617
43 M 2802 77 OTO

RANDLES MD, MICHAEL J, PO BOX 487, 67201-0487
685-5696 1902731420
48 M 1902 75 IM

RAUSA JR MD, FRANCISCO C, 1148 S HILLSIDE ST, 67211-4005
682-4535 74810660264
42 M 74808 76 IM

RAWCLIFFE JR MD, ROBERT A, 1111 N SAINT FRANCIS ST, 67214-2800
267-1924 3501550778
29 M 3501 63 ORS

RAZEK MD, HANA A, 929 N SAINT FRANCIS ST, 67214-3821
268-6142 91504710217
47 F 33004 0 PATH

RAZEK MD, ZACK A, 818 N EMPORIA ST STE 200, 67214-3788
263-0296 60501700242
46 M 60501 77 CDTS

READER MD, G WHITNEY, 933 N TOPEKA ST, 67214-3620
263-5889 2101751492
48 M 2101 81 CD

REALS MD, THOMAS C, 3243 E MURDOCK ST STE 500, 67208-3006
688-7300 0
59 M 3006 92 IM

REALS MD, WILLIAM J, 706 STRATFORD, 67206-1455
0 3006450422
20 M 3006 46 OO

REAZIN MD, WALTER L, 855 N HILLSIDE ST, 67214-4913
685-1381 1902580740
30 M 1902 59 FP

REDDI MD, RAGHUNATH P, 3600 E HARRY ST, 67218-3713
689-5043 49521640226
36 M 49521 80 R

REED MD, A J, 2456 N WOODLAWN ST, 67220-3902
685-5691 3901650704
40 M 3901 67 EM

REED MD, D CRAMER, 7520 E 21ST ST N STE 22, 67206-1086
0 2802410703
15 M 2802 46 OO

REED MD, DAVID D, 3333 E CENTRAL ST STE 214, 67208-3109
685-1291 1902690880
43 M 1902 70 DR

REED MD, WILLIAM R, 550 N HILLSIDE ST, 67214-4910
651-8580 1611772145
51 M 1611 83 NPM

REICHENBERGER MD, RONALD J, 7925 MEADOW PASS, 67205-1601
794-8655 1902891516
63 M 1902 90 FP

REISMAN MD, MICHAEL A, 201 S HILLSIDE ST, 67211-2128
683-5688 4804752574
50 M 4804 76 OPH

REISWIG MD, GARY W, 8200 W CENTRAL STE 1, 67212-3692
721-4544 1902891524
62 M 1902 0 FP

REISWIG MD, JEFFREY S, 8200 W CENTRAL ST STE 1, 67212-3661
721-4544 1902861382
60 M 1902 87 FP

RELIHAN MD, DONALD A, 655 N WOODLAWN ST, 67208-3648
684-5158 1902540799
27 M 1902 54 OPH

REMPEL MD, JOHN H, 1515 S CLIFTON AVE STE 240, 67218-2952
685-1812 3901620660
38 M 3901 70 PS

REUSSER MD, LAYNE M, 1035 N EMPORIA STE 210, 67214-0000
265-1308 1902861391
60 M 1902 93 CD

REYES MD, GERARDO, 929 N ST FRANCIS, 67214-0000
268-8168 0
60 M 4101 0 PD

REYNOLDS MD, TERESA A, 3311 E MURDOCK ST, 67208-3079
689-9400 1902810648
52 F 1902 88 IM

RHODES MD, LOWELL M, 1571 SIEFKIN LN, 67208-2415
0 1902530742
25 M 1902 53 OO

RIEGER MD, ERNEST H, 5922 POLO DR, 67208-2666
0 1902560960
29 M 1902 56 OO

RIGGS MD, KAY R, 3236 N ROCK RD STE 190, 67226-1337
634-1200 1902881961
54 F 1902 89 PD

RIORDAN MD, HUGH D, 3100 N HILLSIDE ST, 67219-3904
682-3100 5605570579
32 M 5605 59 P

RIVERA D O, DARLA K, 7111 E 21ST ST, 67206-1078
684-2851 2878870479
61 F 2878 89 FP

RIVERA-ORTIZ MD, EPIFANIO, 2450 N WOODLAWN ST, 67220-3902
689-8677 4201760831
51 M 4201 0 FP

ROACH MD, NEIL E, 8911 E ORME CHARTER CL, 67207-2498
686-5108 1902670820
38 M 1902 68 P

ROAN MD, YEAI, 550 N HILLSIDE ST, 67214-4910
651-8580 38501670062
41 M 38501 82 PD

ROBERTS D O, ROGER W, PO BOX 47668, 67201-7668
684-3838 2879750230
49 M 2879 78 CD

ROBERTSON MD, JOSEPH K, 9105 PEPPERTREE CIR, 67226-1516
263-0296 3901660793
41 M 3901 68 GS

ROBICHAUX MD, JOHN C, 3311 E MURCOCK ST, 67208-3079
689-9344 2101781162
52 M 2101 0 D

ROBINSON MD, G DONALD, 3333 E CENTRAL ST STE 610, 67208-3113
686-6659 1902540811
28 M 1902 54 PD

ROBINSON MD, ROBERT H, 558 N STRATFORD ST, 67206-1528
0 1902530769
20 M 1902 53 OO

ROBL MD, DAVID A, 8200 W CENTRAL ST STE 1, 67212-3661
721-4544 1902742201
48 M 1902 76 FP

RODRIGUEZ-TOCKER MD, LILIA, 225 PENROSE DR, 67206-2119
0 27501490402
21 F 27501 57 OO

ROHLMAN MD, VALERIE C, 1100 N SAINT FRANCIS STE 130, 67214-2878
264-3505 0
59 F 1902 0 ID

ROMALIS MD, BRIAN E, 1431 S BLUFFVIEW ST STE 116, 67218-3039
682-5069 6201630086
39 M 6201 73 P

ROSE MD, SHELBY D, 3333 E CENTRAL ST STE 721, 67208-3114
681-2741 2012680476
40 M 2012 71 PATH

ROSEN MD, DAVID, 818 N EMPORIA STE 307, 67214-3725
263-4311 1902740950
48 M 1902 75 PD

ROSENBERG MD, THOMAS F, 2627 E CENTRAL ST, 67214-4608
684-0501 1642680575
41 M 1642 72 A

ROSS IV MD, ALBERT M, 3311 E MURDOCK, 67208-3054
689-9160 1902851522
58 M 1902 90 PD

ROSS MD, DENNIS LEE, 1035 N EMPORIA ST #105, 67214-2998
263-7285 3005730855
47 M 3005 78 NEP

ROWLAND MD, JOHN C, 3333 E CENTRAL ST STE 408, 67208-3111
682-0411 0
53 M 1902 92 PD

ROYAL MD, LOUIS R, 1655 SHERWOOD, 67203-0000
688-5158 3901731046
48 M 3901 91 FP

RUMISEK MD, JOHN D, 818 N EMPORIA STE 200, 67214-3788
263-0296 4804752345
50 M 4804 0 CDTS

RUSSELL MD, PHILIP W, 3311 E MURDOCK, 67208-3054
689-9351 1902441294
22 M 1902 44 IM

SABANGAN MD, JOEL S, 551 N HILLSIDE STE 410, 67214-0000
684-3838 0
56 M 74809 92 PUD

SABIN JR MD, GEORGE M, 6412 E 9TH, 67206-1410
0 5002390304
12 M 5002 66 OO

SACK MD, JOSEPH M, 7111 E 21ST, 67206-1078
684-2851 1902871515
60 M 1902 88 FP

SADIO MD, SULEMAN, 1144 N SAINT FRANCIS ST, 67214-2882
267-0159 70401630161
40 M 70401 74 TS

SALONE MD, JEANETTE C, 1507 W 21ST ST, 67203-0000
838-2020 0
49 F 2105 93 PM

SANCHEZ MD, JOSE J, 3311 E MURDOCK, 67208-3054
689-9287 1643811479
54 M 1643 87 PD

SANDERS MD, GLORIA D, 2622 W CENTRAL, 67203-0000
945-9161 1902752702
50 F 1902 0 PATH

SANTOS MD, JOAQUIN G, 3243 E MURDOCK STE 500, 67208-3008
688-7300 1902810672
49 M 1902 81 IM

SANTOSCOY MD, GILBERT S, 3311 E MURDOCK, 67208-3054
689-9124 4812620776
38 M 4812 70 GS

SARGENT D O, DAVID W, 3311 E MURDOCK, 67208-3054
689-9227 2878790238
53 M 2878 0 OTO

SCANLAN MD, TIMOTHY M, 3600 E HARRY, 67218-3784
689-5303 2604711358
46 M 2604 78 FP

SCHEINBERG MD, KENNETH, 3311 E MURDOCK, 67208-3054
689-9227 1642690554
42 M 1642 0 ENT

SCHLACHTER MD, ERNEST R, 406 E CENTRAL, 67202-1058
263-2200 1902520569
24 M 1902 52 FP

SCHLAGECK MD, JOSEPH G, 10300 W MAPLE, 67209-3135
721-4544 1902821691
55 M 1902 85 FP

SCHLICHER MD, JOHN E, 3311 E MURDOCK, 67208-3054
689-9344 1803660936
40 M 1803 72 D

SCHLUETER MD, JOHN J, 144 S HILLSIDE, 67211-2147
685-9289 3841560654
31 M 3841 62 R

SCHNEIDER MD, SETH A, 2627 E CENTRAL, 67214-4608
684-0501 1642770779
53 M 1642 80 A

SCHNELLE MD, JOACHIM, 4145 E KELLOGG, 67218-1336
682-6551 40933700030
44 M 40933 73 FP

SCHOPF MD, CLIFTON C, 2902 RIVER PARK DR, 67203-2077
0 1902570779
29 M 1902 57 OO

SCHWARTZ MD, V DEAN, 335 WHITFIELD PL, 67206-1918
0 1902480401
24 M 1902 48 OO

SCOTT MD, WILLIAM H, 1431 S BLUFFVIEW STE 111, 67218-3039
685-8262 4901650433
41 M 4901 73 CD

SEERY MD, DONALD S, 1131 S CLIFTON, 67218-0000
689-5500 1902901414
51 M 1902 91 FP

SELLBERG MD, MARTIN E, 1520 S CLIFTON, 67218-2921
689-5775 1902851581
56 M 1902 86 AM

SEN SARMA MD, PRONAB K, 1144 N SAINT FRANCIS ST, 67214-2882
267-0159 49518670050
45 M 49518 81 CD

SHAH MD, MUKHTAR H, 1725 E DOUGLAS, 67211-1610
264-8989 70404640150
40 M 70404 77 P

SHAH MD, SUBHASH H, 2620 E CENTRAL ST, 67214-0000
688-6866 0
59 M 49576 92 N

SHAMPAINE MD, ERIC L, 1650 GEORGETOWN STE 200, 67218-4127
686-7327 2501882219
62 M 2501 93 AN

SHAPIRO MD, WILLIAM M, 818 N EMPORIA STE 304, 67214-3727
263-0348 1606761917
45 M 1606 84 NS

SHAVER MD, TIMOTHY S, 3243 E MURDOCK STE 500, 67208-0000
688-7300 0
62 M 1902 94 RHU

SHAW MD, RICHARD C, 825 N HILLSIDE, 67214-4913
688-7500 1902610720
35 M 1902 62 PS

SHELLITO MD, JOHN G, PO BOX 781774, 67278-1774
0 1606431933
18 M 1606 49 OO

SHELLITO MD, JOHN L, 3311 E MURDOCK, 67208-3054
689-9124 2407781271
52 M 2407 84 GS

SHERBON MD, MARY L, 1010 N KANSAS, 67214-3124
261-2647 1902871574
47 F 1902 93 P

SHIELD MD, CHARLES, 818 N EMPORIA ST STE 200, 67214-3788
263-0296 2802720851
46 M 2802 81 GS

SHIELDS MD, NAOMI N, PO BOX 3298, 67201-3298
262-7598 0
58 F 3503 0 ORS

SHOFFNER MD, RICHARD W, 3311 E MURDOCK ST, 67208-3079
689-9271 3901791405
53 M 3901 82 IM

SHRADER MD, C ERIC, 655 N WOODLAWN ST, 67208-3648
684-5158 1902781702
47 M 1902 79 OPH

SHRADER MD, DOYLE A, 119 N ARMOUR ST, 67206-2001
0 1902410623
16 M 1902 41 OO

SHUCK D O, MICHAEL W, 2757 S SENECA ST, 67217-2862
264-5182 2878890224
56 M 2878 92 FP

SHURTZ MD, GLEN L, 3243 E MURDOCK STE 104, 67208-3109
685-2711 4802782298
40 M 4802 81 R

SIFFORD MD, R LAWRENCE, 1040 RIVERSIDE AVE, 67203-3254
0 1803520611
25 M 1803 58 OO

SIMMS MD, DAVID A, 3311 E MURDOCK, 67208-3054
689-9422 3401760538
50 M 3401 83 DR

SKIBBA MD, RICHARD M, 3311 E MURDOCK ST, 67208-3079
689-9477 5606700891
43 M 5606 72 GE

SLUTSKY MD, LAWRENCE J, 929 N SAINT FRANCIS ST, 67214-3821
268-5922 3501721122
46 M 3501 79 DR

SMITH D O, JOHN P, 731 N MCLEAN BLVD STE 100, 67203-4935
945-7309 2878750732
49 M 2878 81 GS

SMITH D O, JAMES A M, 551 N HILLSIDE ST #410, 67214-4927
684-3838 4177780940
50 M 4177 88 IM

SMITH MD, ALVIN L, 929 N SAINT FRANCIS ST, 67214-3821
268-5470 5606570874
28 M 5606 72 PATH

SMITH MD, LINDALL E, 3333 E CENTRAL ST STE 408, 67208-3111
682-0411 1902821771
55 M 1902 0 PD

SMITH MD, MARK A, 1515 S CLIFTON STE 250, 67218-0000
687-9961 0
54 M 1902 0 CD

SMITH MD, WILLIAM E, 1010 N KANSAS, 67214-0000
261-2650 0
62 M 1902 89 IM

SNODGRASS MD, TED C, 8100 E 22ND ST N STE 2200, 67226-2376
683-4334 0
61 M 3905 0 FP

SNYDER MD, GREGG M, 902 N HILLSIDE ST, 67214-3220
687-1441 1803541023
27 M 1803 66 NS

SNYDER MD, STEPHANIE F, 3311 E MURDOCK ST, 67208-3079
689-9270 1902790744
53 F 1902 81 IM

SODER MD, ERIC A, 3311 E MURDOCK, 67208-0000
689-9124 0
40 M 1902 92 GS

SOLLO MD, DAVID G, 1650 GEORGETOWN #200, 67218-4127
686-7327 4804841917
59 M 4804 89 AN

SOLLO MD, NATALIE R, 3333 E CENTRAL, 67208-3121
682-0411 4804851335
59 F 4804 89 PD

SOLOMON MD, HERMAN, 835 N HILLSIDE, 67214-4913
685-4395 2701620561
37 M 2701 69 D

SOLTZ MD, ROBERT A, 3311 E MURDOCK, 67208-3054
689-9320 2803740821
47 M 2803 77 PD

SOMERS MD, MARVIN M, 2506 BENJAMIN, 67204-5522
0 1902480427
23 M 1902 48 OO

SPANN MD, RICHARD W, 3243 E MURDOCK STE 500, 67208-3008
688-7300 1902650870
40 M 1902 66 PUD

SPARKS MD, STEPHEN T, 901 GEORGE WASHINGTON BLVD STE, 67211-0000
264-6555 512841198
56 M 512 89 OM

SPEARS MD, CHESTER A, PO BOX 2858, 67201-2858
686-7161 2834761575
50 M 2834 81 PATH

SPEED MD, JAMES K, 3243 E MURDOCK STE 500, 67208-3008
688-7300 3901821487
56 M 3901 90 IM

SPRINGER MD, MARK J, 3311 E MURDOCK, 67208-3054
689-9311 1902871612
61 M 1902 89 PD

ST CLAIR D O, DWIGHT, 1725 E DOUGLAS ST, 67211-0000
264-8989 0
60 M 2878 92 P

STAATS MD, RODNEY M, 550 N HILLSIDE, 67214-4910
688-2339 1902831726
55 M 1902 0 IM

STAMPS MD, PHIL, 3600 E HARRY, 67218-3784
689-5668 3901630746
37 M 3901 0 PATH

STARK MD, JAMES R, 719 BROOKFIELD RD, 67206-1533
0 1902441472
20 M 1902 44 OO

STECKLEY MD, RICHARD A, 1035 N EMPORIA STE 210, 67214-2504
265-1308 2105741271
49 M 2105 80 IM

STEELBERG MD, ELSIE, 2939 N ROCK RD #100, 67226-1100
636-4344 1606601171
34 F 1606 84 P

STEERE MD, DIANE M, 550 N HILLSIDE, 67214-0000
688-2239 0
63 F 2512 92 FP

STEIN MD, PAUL S, 551 N HILLSIDE #330, 67214-4926
685-2377 3305660689
40 M 3305 73 NS

STEINBERGER MD, RICHARD E, 851 N HILLSIDE, 67214-4913
685-1371 56120810036
53 M 56120 0 U

STEMBRIDGE MD, TRAVIS W, 551 N HILLSIDE STE 540, 67214-4928
685-7234 4802761754
47 M 4802 78 OBG

STEPHANZ JR MD, GERALD B, 1035 N EMPORIA STE 105, 67214-2938
263-7285 1902831734
57 M 1902 84 IM

STEVENS MD, WM. MICHAEL, 551 N HILLSIDE STE 540, 67214-4928
685-7234 1902831751
55 M 1902 0 OBG

STOFFER MD, ROBERT P, 10109 ALAMO ST, 67212-1263
0 1902480451
26 M 1902 48 OO

STOPP D O, HAROLD R, 1520 S CLIFTON, 67218-0000
689-5775 3979810228
51 M 3979 0 EM

STREET MD, DAVID E, 818 N EMPORIA STE 200, 67214-3788
263-0296 2101611038
35 M 2101 67 GS

STREIT MD, JEROME G, 1131 S CLIFTON, 67218-2912
689-5500 1902771472
48 M 1902 78 FP

STRICKLAND MD, M H VAN, 710 N WOODCHUCK ST, 67212-3628
722-4800 4804742111
51 M 4804 0 A

SUERO MD, JESUS T, 1148 S HILLSIDE, 67211-4005
681-3371 74802570655
33 M 74802 57 PUD

SULLIVAN MD, LEONARD L, 3311 E MURDOCK, 67208-3054
689-9454 1902610789
35 M 1902 62 PD

SUMFEST MD, JILL M, 1431 S BLUFFVIEW #210, 67218-0000
687-1090 0
55 F 4102 93 GS

SVOBODA MD, LOIS V, 818 CARRIAGE PKY, 67208-4511
685-8231 1602660784
39 F 1602 81 FP

SVOBODA MD, WILLIAM B, 1035 N EMPORIA ST #235, 67214-2939
267-5215 1602630583
36 M 1602 81 PDN

SWARTZ MD, MARSHA A, 1100 N SAINT FRANCIS STE 130, 67214-2878
264-3505 1902861684
44 F 1902 87 ID

SWEET MD, DONNA E, 1010 N KANSAS ST, 67214-3199
261-2622 1902791813
48 F 1902 80 IM

SWEET MD, ROBERT A, 9350 E CENTRAL STE 100, 67206-0000
636-2662 3005901056
64 M 3005 91 FP

SZYMKE MD, THOMAS E, 1151 N ROCK RD, 67206-0000
634-3500 2507731093
47 M 2507 93 PM

TAN MD, DONALD C-S, 929 N ST FRANCIS, 67214-0000
268-5928 512660924
34 M 512 89 RO

TARVER MD, STEPHEN D, 1650 GEORGETOWN STE 200, 67218-4127
686-7327 1902851751
58 M 1902 0 AN

TATPATI MD, DANIEL A, 1144 N SAINT FRANCIS ST, 67214-2882
267-0159 49535670039
44 M 49535 78 TS

TATPATI MD, OLGA A, 200 S HILLSIDE, 67211-2127
687-3100 49535640041
44 F 49535 78 PD

TAYLOR MD, BRENDA K, 1010 N KANSAS, 67214-3124
261-2650 2803850944
58 F 2803 91 IM

TAYLOR MD, RICHARD J, 11 CYPRESS DR, 67206-2501
0 3006490335
21 M 3006 58 PATH

TAYLOR MD, STEVEN L, 3311 E MURDOCK, 67208-3054
689-9422 1902771502
46 M 1902 78 R

TERREBONNE MD, MAE E, 1010 N KANSAS, 67214-0000
261-2631 21057412540
49 F 2105 87 PD

THAKOR MD, DENNIS S, 310 S HILLSIDE, 67211-2129
684-2838 2307821071
57 M 2307 87 OTO

THOMAS MD, DARYL L, 2318 E CENTRAL, 67214-4436
262-2415 1902821879
56 M 1902 86 IM

THOMPSON MD, DANIEL M, BOX 4069, 67204-0069
0 1902500746
19 M 1902 50 OO

TILLER MD, GEORGE R, 5101 E KELLOGG, 67218-1625
684-5255 1902670919
41 M 1902 68 AM

TJADEN D O, BRUCE L, 2903 E CENTRAL, 67214-0000
687-2112 0
56 M 1875 93 END

TOCKER MD, ALFRED M, 225 PENROSE, 67206-2119
0 4802400808
15 M 4802 53 OO

TONN MD, GERHART R, 13600 E 37TH ST N, 67228-9518
0 1902441529
16 M 1902 44 OO

TOOHEY MD, JOHN S, 3311 E MURDOCK, 67208-3054
689-9277 5605771388
50 M 5605 82 ORS

TOSH MD, FRED E, 8308 LIMERICK LN, 67206-2320
0 4706541590
30 M 4706 80 OO

TRAN MD, THOMAS (TUONG) M, 2600 E CENTRAL, 67214-0000
686-5555 94101720131
39 M 94101 77 FP

TREGO MD, A JASON, 8404 W 13TH #180, 67212-2978
722-6000 1902842361
55 M 1902 0 IM

TRETBAR MD, HARVEY A, 10 CYPRESS DR, 67206-0000
0 1902520712
25 M 1902 52 OO

TREWEEKE MD, MICHAEL W, 1515 S CLIFTON STE 250, 67218-0000
687-9961 1902721157
46 M 1902 73 IM

TROUTMAN D O, BETTY, 7717 E 29TH ST N, 67226-3403
636-5585 2878870916
51 F 2878 0 FP

TRUJILLO MD, ANTERO A, 1431 S BLUFFVIEW STE 117, 67218-3039
685-6466 73701610218
36 M 73701 81 AN

TRUONG D O, HAI K, 7111 E 21ST, 67206-1078
684-2851 0
56 F 2878 91 FP

TRUONG D O, THANH N, 1144 N SAINT FRANCIS, 67214-2814
267-0159 2878860198
57 M 2878 87 IM

TRYGG MD, KELLY A, 8404 W 13TH ST STE 180, 67212-0000
722-6000 1902911584
64 F 1902 94 IM

TUCKER D O, DAVID A, 7200 W 13TH, 67212-2968
721-1200 2878850575
54 M 2878 86 FP

TUNG MD, ROBERT, 3243 E MURDOCK STE 303, 67208-0000
688-7300 0
56 M 2846 0 CD

UHLIG MD, PAUL N, 3311 E MURDOCK, 67208-3054
689-9300 1902781851
53 M 1902 0 CDS

VAL-MEJIAS MD, JESUS E, 551 N HILLSIDE #410, 67214-4927
684-3838 23101690067
45 M 23101 84 CD

VAN GEEM MD, THOMAS A, 818 N EMPORIA ST STE 415, 67214-3728
269-4355 3006831051
54 M 502 89 OBG

VARENHORST MD, MICHAEL P, 530 N LORAINE ST STE 100, 67214-4837
683-5611 1803801599
52 M 1803 85 OPH

VAUGHAN MD, D ANN, 121 WHITTIER ST, 67207-1000
689-4204 1902710601
45 F 1902 75 P

VEENIS MD, BLAKE C, 8338 W 13TH ST, 67212-0000
729-1030 0
63 M 4112 93 PM

VIERTHALER MD, LYLE D, 1650 S GEORGETOWN ST STE 200, 67218-4127
686-7327 1902801126
54 M 1902 81 AN

VIGIL MD, KIRK S, PO BOX 8149, 67208-0000
685-9633 0
56 M 4901 0 AN

VIN ZANT MD, LARRY E, 13741 SAINT ANDREWS PL, 67230-1424
0 1902400563
10 M 1902 40 OO

VINE MD, DONALD L, 1010 N KANSAS ST, 67214-3124
261-2622 511660564
39 M 511 79 CD

VINZANT MD, WHITNEY L, 1515 S CLIFTON AVE #310, 67218-2953
686-1991 1902711143
45 M 1902 74 GS

WADE MD, EDWARD J, 818 N EMPORIA ST STE 101, 67214-3725
263-1574 1902801142
53 M 1902 83 AN

WADUD MD, ABDUL, 1543 S HILLSIDE ST, 67211-4018
682-6814 70409600059
35 M 70409 74 P

WAKEFIELD MD, KENNETH M, 1131 S CLIFTON AVE, 67218-2912
689-5500 6201480122
24 M 6201 86 FP

WALKER D O, MARSHALL D, 982 N TYLER RD #D, 67212-3271
722-5811 2878720124
41 M 2878 80 OTO

WALLING MD, ADRIAN E, 101 S WEBB RD #200, 67207-1315
681-4325 80302710019
47 M 80302 78 FP

WALLING MD, ANNE D, 1010 N KANSAS ST, 67214-3199
261-2607 91902710031
47 F 80302 0 PH

WALSH D O, LESLIE L, 1650 S GEORGETOWN ST K #200, 67218-4127
686-7327 2879820548
56 M 2879 0 AN

WARD MD, LARRY G, 1650 S GEORGETOWN ST #200, 67218-4127
686-7327 1902791911
54 M 1902 82 AN

WARREN JR MD, JOHN W, 63 VIA VERDE, 67230-1604
0 2501390863
15 M 2501 49 OO

WARREN MD, LLOYD P, 1202 WILLOW LN, 67208-2668
0 1902360570
11 M 1902 36 OO

WARREN MD, WIRT A, 608 S BLUFF, 67218-2122
0 2802330777
9 M 2802 36 OO

WASWICK MD, WILLIAM A, 3243 E MURDOCK STE 404, 67208-3052
685-6222 3701870548
61 M 3737 0 GS

WEAVER MD, JACK D, 1616 COOLIDGE, 67203-2912
0 2802420865
16 M 2802 46 OO

WEBB MD, DAVID E, 818 N EMPORIA STE 310, 67214-3727
263-5891 1902781931
53 M 1902 88 IM

WEBER JR MD, HUGO P, 1035 N EMPORIA ST #105, 67214-2998
263-7285 702660718
40 M 702 73 IM

WEIPPERT MD, EDWARD J, 10300 W MAPLE, 67209-3135
721-4544 1902701202
44 M 1902 71 FP

WELCH MD, LAUREN K, 551 N HILLSIDE #330, 67214-4926
685-2377 1902610860
35 M 1902 62 N

WELLEMEYER MD, MARK L, 8020 E CENTRAL STE 200, 67206-0000
636-2010 0
61 M 1902 92 OPH

WENCEL MD, MARK L, 3311 E MURDOCK, 67208-3054
689-9325 1902811113
55 M 1902 0 PD

WENINGER MD, JOHN H, 1148 S HILLSIDE STE 12, 67211-4005
682-6523 3005620693
32 M 3005 63 FP

WESBROOK MD, C WILSON, 3311 E MURDOCK, 67208-3054
689-9234 1902741247
42 M 1902 75 OBG

WEST MD, WILLIAM T, 3 DRURY LN, 67207-1003
0 1902490724
24 M 1902 49 OO

WHEELER MD, NICKY RAY, 1515 S CLIFTON STE 390, 67218-2953
684-0220 1902741255
48 M 1902 74 PS

WHEELER MD, PINCKNEY R, 2168 BELLA VISTA, 67203-1514
0 3901560896
18 M 3901 57 OO

WHITAKER MD, JAMES A, 3243 E MURDOCK STE 500, 67208-3008
688-7300 1902721211
44 M 1902 74 IM

WHITE MD, CHARLES M, 18 VIA VERDE, 67230-1605
0 3005410656
15 M 3005 48 OO

WHITESIDE MD, WILLIAM H, 1431 S BLUFFVIEW S -108, 67218-3039
681-0086 53902720304
46 M 53903 84 PD

WILDER MD, LOWELL W, 655 N WOODLAWN, 67208-3648
684-5158 4109620764
35 M 4109 67 OPH

WILEY MD, CLARENCE L, 1063 N MARKET, 67214-9258
267-3268 4301770613
50 M 4301 86 D

WILKINSON MD, LARRY K, 2456 N WOODLAWN, 67220-2921
685-5696 1902741859
46 M 1902 75 FP

WILLIAMS MD, CHARLES L, 554 N BROADMOOR CT, 67206-1647
0 2834432024
16 M 2834 50 OO

WILLIAMS MD, JANSSEN J, PO BOX 7730 K33-00, 67277-0000
526-0024 3005901374
62 M 3005 91 IM

WILSON MD, ROBERT L, 841 N BROADWAY, 67214-3509
263-6131 1902571040
30 M 1902 57 OM

WINDHOLZ MD, ARTHUR F, 1969 W 21ST ST, 67203-2106
832-9024 3901861705
61 M 3901 87 FP

WINN MD, TERRIA L, PO BOX 48126, 67201-8126
265-7241 1902822000
56 F 1902 83 OPH

WISDOM MD, JAY K, 15 LYNNWOOD, 67207-1037
0 1902420777
12 M 1902 42 OO

WISNER JR MD, HARRY J, 5642 COE DR, 67208-2706
0 3005431394
17 M 3005 47 OO

WITTMANN MD, ALBERT F, 555 SAGEBRUSH, 67230-6664
0 2834380954
10 M 2834 40 OO

WOIWOOD MD, MARK D, 1650 GEORGETOWN #200, 67218-4127
686-7327 0
58 M 1803 93 AN

WOLF MD, PATRICK G, 1431 S BLUFFVIEW DR STE 109, 67218-3039
689-6396 1902771634
52 M 1902 78 IM

WOLFE MD, FREDERICK, 1035 N EMPORIA ST #230, 67214-2939
263-2125 3508661532
36 M 3508 69 RHU

WOOD MD, GARY B, 8527 BOXTHORN, 67226-1909
0 2802450993
21 M 2802 51 OO

WOOD MD, ROBERT D, 1441 N ROCK RD STE 1001, 67206-1241
0 1902530963
26 M 1902 53 OO

WOODHOUSE MD, CHARLES L, 46 ST CLOUD PL, 67230-1611
0 1902340561
10 M 1902 34 OO

WOODRING MD, CATHY S, 222 S RIDGE RD, 67209-2113
945-0142 3546771708
51 F 3546 82 FP

WOODS MD, MICHAEL S, 3311 E MURDOCK, 67208-0000
689-9153 0
61 M 1902 88 GS

WOOLLEY MD, DOUGLAS C, 1010 N KANSAS, 67214-0000
261-2607 0
49 M 519 0 FP

WRAY JR MD, REGINALD P, PO BOX 782438, 67278-2438
685-4389 4113661289
40 M 4113 84 AN

WRAY MD, ALEXANDER J, 1311 N MANCHESTER ST, 67212-6800
0 1902490783
19 M 1902 49 OO

WRIGHT MD, STANLEY E, 202 N ROCK RD APT 324, 67206-2226
0 3901741351
47 M 3901 75 OO

WU MD, JIN-TZE, 3333 E CENTRAL STE 214, 67208-0000
688-2920 24402670203
41 M 38502 79 TR

WYATT-HARRIS MD, PATRICIA G, 3233 E 2ND ST N, 67208-0000
683-6766 1902810851
55 F 1902 82 OBG

YOON MD, CHANG S, BOX 782438, 67278-2438
685-4389 58303720241
46 M 58303 81 AN

YOUNG MD, DOUGLAS L, 3311 E MURDOCK, 67208-3054
689-9107 1902711259
42 M 1902 72 IM

YOUNG MD, ROBERT C, PO BOX 782438, 67278-2438
685-4389 1902852260
46 M 1902 90 AN

YOUNGBERG MD, DEAN I, 959 N EMPORIA #201, 67214-3721
268-6075 1902721254
0 M 1902 73 IM

YOUNGMAN DO, DARRELL J, 1035 N EMPORIA ST #210, 67214-2974
265-1308 4878790087
52 M 4878 88 CD

ZAKHARIA MD, GEORGE F, 851 N HILLSIDE, 67214-0000
685-1371 0
59 M 60501 93 U

ZARNOW MD, HILARY, 929 N ST FRANCIS, 67214-3821
268-5905 1611691994
45 M 1611 74 R

ZATZKIN MD, JAY B, 3311 E MURDOCK, 67208-0000
689-9339 2002741221
46 M 2002 79 IM

ZEPICK MD, LYLE F, PO BOX 2517, 67201-2517
263-5889 6002740093
50 M 6001 81 CD

ZIELKE MD, STEVEN L, 223 S HILLSIDE, 67211-2128
683-2666 1643821407
53 M 1643 82 OBG

ZIMMERMAN MD, KENNETH D, 934 CRESTLINE, 67212-4526
526-3925 3901550998
29 M 3901 58 OM

ZONGKER MD, PHILIP E, 3311 E MURDOCK, 67208-3054
689-9422 1902701261
43 M 1902 71 R

ZWIACHER MD, KAYE F, 9350 E CENTRAL AVE #102, 67206-4332
636-4411 3901850509
52 F 3901 91 P

WINCHESTER — 913
(Shawnee County Medical Society)

HUSTON MD, FRANCIS W, PO BOX H, 66097-0408
0 1601340638
6 M 1601 34 OO

WINFIELD — 316
(Cowley County Medical Society)

BHARGAVA MD, BAIKUNTH N, 1317 WHEAT RD, 67156-4703
221-3200 49530640441
37 M 49530 78 U

BROWN MD, ROBERT A, 1314 WHEAT RD, 67156-0000
221-3200 0
53 M 6506 0 OBG

JOHNSON MD, TERESA F, 1317 WHEAT RD, 67156-4703
221-3200 1902810982
55 F 1902 82 GS

JONES MD, TERRY G, 1317 WHEAT RD, 67156-4703
221-3200 0
55 M 3840 0 FP

KAUL MD, ANAND N, 1317 WHEAT RD, 67156-4703
221-3200 49530610054
39 M 49530 0 IM

MILLER MD, FRANKLIN R, 1910 DEE ST, 67156-1510
0 2401270739
2 M 2401 54 OO

SAMUEL MD, CHANDY C, 1211 E 5TH, 67156-2441
221-6100 49527590166
35 M 49527 76 GS

STURICH MD, JORGE M, 1211 E 5TH, 67156-2441
221-6100 64914771763
54 M 64914 84 FP

TURNER MD, WADE A, 1317 WHEAT RD, 67156-4703
221-3200 0
60 M 1902 92 IM

WELLS MD, BRUCE W, PO BOX 643, 67156-0643
221-3350 1902640947
39 M 1902 65 IM

WHITE MD, R BURNLEY, PO BOX 745, 67156-0745
221-2950 1902520763
24 M 1902 52 FP

WINBLAD MD, J KENT, 15 FLEETWOOD, 67156-5429
221-6100 1902761558
51 M 1902 74 OBG

WINBLAD MD, JOHN M, 1211 E 5TH, 67156-2441
221-6100 1902810818
55 M 1902 82 FP

YATES CENTER — 316
(Allen County Medical Society)

ATKIN MD, J D, 1004 E MADISON, 66783-1314
625-2312 3901610052
35 M 3901 63 FP

VORHEES MD, VICTOR J, 204 S MAIN, 66783-1444
625-2162 1902681023
36 M 1902 69 FP

WEBER MD, RUTH M, 204 S MAIN, 66783-1444
625-2162 2846840781
60 F 1902 85 FP

Out-of-State Members

AAMODT MD, LEONARD W, 2350 PORT REPUBLIC RD, HARRISONBURG, VA, 22801-8771
ANDERSON MD, EUGENE G, 402 LA ABRA, GREEN VALLEY, AZ, 85614-2912
ANDERSON MD,WINSTAN L, 12602 CRYSTAL LAKE DR, SUN CITY WEST, AZ, 85375-2570
BACON MD, ARTHUR H, 38 W RUBBER TREE DR, LAKE WORTH, FL, 33467-4841
BAEHR MD,RALPH H, 313 CHELMSFORD CT, LEE'S SUMMIT, MO, 64064-1602
BAIR MD, ALBERT E, PO BOX 5469, SUN CITY CENTER, FL, 33571-5469
BALLESTER MD, JOHN M, 711 DUNCAN AVE APT 707, PITTSBURGH, PA, 15237-5035
BARTH MD, BRADLEY E, 3815 GEORGIA ST APT 403, SAN DIEGO, CA, 92103-7617
BAUER MD, JOSEPH G, 1172 3RD ST, DES MOINES, IA, 50314-3003
BAYLES MD, HUGH G, 824 BELL ST, EDMONDS, WA, 98020-3022
BEILMAN MD, GREG, 6021 XERXES AVE S, MINNEAPOLIS, MN, 55410-2822
BELLER MD, WILLIS L, 10412 PRAIRIE HILLS CIR, SUN CITY, AZ, 85351-1821
BHAGAT MD, KUNAC P, 1824 REINDEER PL, BEAR, DE, 19701-3700
BIGLER MD, F CALVIN, PO BOX 3607, SHIPROCK, NM, 87420-3607
BOLES MD, R DALE, RR 3 BOX 143, COMANCHE, OK, 73529-9543
BOOTH MD, JENNIFER L, 417 AMHERST DR SE, ALBUQUERQUE, NM, 87106-1405
BOYD MD, HAROLD D, 529 TURNBERRY RD, CANTONMENT, FL, 32533-6820
BRADFORD, DONNELL L, 1 BASAL BRIAR CT, THE WOODLAND, TX, 77381-3449
BRAUN MD, WILLIAM T, 163 BRANDY HILLS DR, PORT ORANGE, FL, 32119-3667
BROWN MD, C EVERETT, 4242 BRYANT -IRVIN RD #122, FORT WORTH, TX, 76109-0000
BROWN MD, FRED E, 16780 COUNTY RD #220, SALIDA, CO, 81201-0000
BROWN MD, ROBERT O, 211 BIBB AVE, AUBURN, AL, 36830-2701
BROWN-SANDERS MD, CAROLINE, 1912 NW QUAIL TRAIL, LEE'S SUMMIT, MO, 64081-1615
BUDETTI MD, JOSEPH A, 19667 TURNBERRY WAY #15A, N MIAMI BEACH, FL, 33180-2576
BUSHELL, KRISTEN, 6728 DODGE ST, OMAHA, NE, 68132-2744
CARREAU MD, ERNEST P, RT 2 BOX 420, CEDAREDGE, CO, 81413-9519
CARVER MD, RONALD C, RR 5 BOX 248-G3, LUBBOCK, TX, 79407-9431
CASADY MD, ROGER L, 1937 QUEENSWOOD DR APT B305, YORK, PA, 17403-4228
CAWLEY MD, LEO P, 7137 E MAIN, SCOTTSDALE, AZ, 85251-4315
CHAMBERLIN JR MD, CECIL R, 1227 SW GAINES ST, PORTLAND, OR, 97201-2938
CHOY MD, JAMES K L, 15508 W SKY HAWK DR, SUN CITY WEST, AZ, 85375-0000
CHUNG MD, JOHN J, 5926 S 72ND, LINCOLN, NE, 68516-3756
CLAWSON MD, D KAY, 3785 JAMAICA CT, LEXINGTON, KY, 40509-0000
COOPER MD, LEO F, RT 2 BOX 288, DREXEL, MO, 64742-8033
CORDER MD, ROBERT L, 1944 LEISURE WORLD, MESA, AZ, 85206-5321
COX D O, DEON M, 5743 W EASTWOOD AVE, CHICAGO, IL, 60630-3309
CROSS LOCKE, KAREN K, 200 SPACE BOULEVARD APT 22B, DEL RIO, TX, 78840-0000
DAVIES MD, JONATHAN W R, 1704 STONEY RUN CIR, BROADVIEW HEIGHTS, OH, 44147-2562
DIANO, MARCEL L, 575 PEPPER TREE DR, BREA, CA, 92621-3315
DICK MD, WILLIS G, 1901 RENFRO RD, BAKERSFIELD, CA, 93312-8940
DICKEY MD, SUSAN D, 1332 36TH ST SW, ROCHESTER, MN, 55902-1635
DONATELLE MD, EDWARD P, 6529 MCCAULEY TRL W, EDINA, MN, 55429-0000
DYE MD, DIANNA P, 2460 ARGOR LAKE LN APT 827, INDIANAPOLIS, IN, 46268-4293
ECKERT BOWLING, CYNTHIA S, 2740 N 115TH PLZ APT 304, OMAHA, NE, 68154-9647
EDELL, THOMAS A, 8211 BLUFF BEND, SAN ANTONIO, TX, 78250-3201
EL-GHAZZAWY MD, ADEL G, 5381 PERSHING AVE #105, ST LOUIS, MO, 63112-0000
ENNS MD, JAMES H, 9204 QUAIL RIDGE DR, LAS VEGAS, NV, 89134-8926
ESCH MD, JOHN G, BC-66 BOX 83, ISLAND PARK, ID, 83429-0000
FAST MD, GARY A, 1129 CLEARVIEW DR, OSKALOOSA, IA, 52577-3524
FERNANDEZ MD, LUIS A, 3531 TALL PINE WAY #B-2, LAKE WORTH, FL, 33463-3132
FINK MD, ABRAHAM A, 3900 SALT OCEAN DR A #1817, FORT LAUDERDALE, FL, 33308-0000
FISHER MD, JAMES B, 1719 E BIJOU #811, COLORADO SPRINGS, CO, 80909-5734
FITZGERALD DO, DAVID J, 329 FOREST CT, MARTINEZ, GA, 30907-9611
FLANDERS MD, H ALDEN, TIMBERHILL VILLA, MC ALLEN, TX, 78504-0000
FRANCIS MD, NORTON L, 1331 PARK AVE SW #911 & #91, ALBUQUERQUE, NM, 87102-2856
FRANK MD, KENNETH J, 3205 CAMELLIA CIR, TEMPLE, TX, 76502-2732
FRENKEL MD, JACOB K, 1252 VALLECITA DR, SANTA FE, NM, 87501-8803
FRITZ MD, DAVID P, 6790 EAGLE POINTE DR S 2B, INDIANAPOLIS, IN, 46254-0000
GARD MD, RAYMOND F, 2660 DAWNRIDGE DR, REDDING, CA, 96001-3766
GENTRY MD, JAMES H, 950 E HARVARD AVE, DENVER, CO, 80210-7009
GOINS MD, BONNIE K, 405 OAK TREE TER #8, SAINT JOSEPH, MO, 64506-3449
GOLDBERG MD, MARCEL A, 2713 LEXINGTON AVE, MERCED, CA, 95340-3383
GONZALEZ MD, IRIS P, 3016 8TH AVE, KEARNEY, NE, 68867-0000
GRAHAM JR MD, ARNOLD R, 40 E 9TH ST #1402, CHICAGO, IL, 60605-2148
GRILLOT MD, FLOYD B, 1973 SWEETGUM PL, PALM HARBOR, FL, 34684-2429
GUTTIKONDA MD, PRASAD B, 311 NILES CORTLAND RD NE STE B, WARREN, OH, 44484-1941
HALLING MD, L WILLIAM, 3076 ELECTRA DR S, COLORADO SPRINGS, CO, 80906-1097
HANDS MD, SEBEL V, 2418 W EIGHTH, AMARILLO, TX, 79106-6612
HARRIS MD, BRYAN D, 41 DEARBORN PL APT 78, GOLETA, CA, 93117-3534
HARRIS MD, NORMAN R, 1310 GULF BLUV APT 19A, CLEARWATER, FL, 34630-0000
HARTEL MD, KELLY LIZBETH, PO BOX 257, WARRENSBURG, IL, 62573-0257
HAYES MD, J EDWARD, 333 N FIRST STE 130, BOISE, ID, 83702-6132
HEDDEN MD, RICHARD J, 606 WIMBLEDON BLVD, ALEXANDRIA, LA, 71303-2933
HOFFER MD, JOHN G, 1616 W STONE, RAYMORE, MO, 64083-9174
HOLLIS MD, KENNETH W, 400 MEDIC LN STE F, ALVIN, TX, 77511-0000
HUGHES MD, JOHN D, 2402 E DUNWOODY CROSSING, ATLANTA, GA, 30338-0000
HWANG-HAMILTON, SHAN-SHAN, 17529 LESLIE AVE, CERRITOS, CA, 90701-4844
JACOB MD, SERA L, 4164 GREENMEAD RD, WINSTON SALEM, NC, 27106-2916
ONES MD,KELLY L, 2024 FERRY FARMS RD, ANNAPOLIS, MD, 21402-1002
KALIVAS MD, LINDA L, 1720 E REDFIELD RD, PHOENIX, AZ, 85022-4566
KARDATZKE MD, E STANLEY, 3 GROVE ISLE DR APT 1210, MIAMI, FL, 33133-4103
KENDALL MD, TOM E, 818 SUMMIT DR, ROGERS, AR, 72756-3038
KETTING MD, RAYMOND B, 4420 NW 14TH PL, GAINESVILLE, FL, 32605-4506
KINGREY MD, DAVID A, 2077 STANCREST RD, DUBLIN, OH, 43017-7548
KIRCHNER MD, FERNANDO R, 6860 N TERRA VISTA, TUCSON, AZ, 85715-1044
KNAPPENBERGER MD, ROY C, 2630 PATRIOT HEIGHTS, COLORADO SPRINGS, CO, 80904-5106
KNUDTSON MD, JOHN D, 8118 CRYSTAL WELLS PL, PENSACOLA, FL, 32514-3844
KOLSTE MD, BART K, PO BOX 26, OGALLALA, NE, 69153-0026
KORBER MD, DAVID E, 1517 ROCKY POINT DR, LEWISVILLE, TX, 75067-2101
LAHAM MD, ALEXANDER J, 3931 CEDARBRUSH, DALLAS, TX, 75229-2704
LAMBERT TRAMMEL, JACOI I, 1923 BEACH DR SE, SAINT PETERSBURG, FL, 33705-2821
LAPI MD, ANGELO, 22605 SW 66TH AVE 401B, BOCA RATON, FL, 33428-0000
LAUE MD, C SHAFFIA, 4300 TARTAN OAK CT, FAIRFAX, VA, 22032-0000
LAURY MD, DAVID G, SKIDAWAY ISLAND, SAVANNAH, GA, 31411-1607
LAWHORN MD, CHARLTON D, 4220 VALLEY VIEW DR, LITTLE ROCK, AR, 72212-2067
LAYBOURNE JR MD, PAUL C, 315 SUNN LAKE BLVD, LAKE PLACID, FL, 33852-9342
LEE MD, MICHAEL T, 6315 N 20TH ST, PHOENIX, AZ, 85016-0000
LETOURNEAU MD, EDWARD N, 4904 STEARNS HILL RD, WALTHAM, MA, 2154-7129
LETTNER MD, HANS T, 5101 N CASA BLANCA DR #209, SCOTTSDALE, AZ, 85253-6979
LEWIS MD, E CHRISTOPHER, 282 BIG LAKE RD APT 145, BILOXI, MS, 39531-3729
LINHARDT MD, RONALD D, 69910 VILLE-MORGAN, FRANCE
LONG MD, ROBERT C, 913 S ABBEY CT, SPRINGFIELD, MO, 65809-1434
LUJAN, CHARLES R, PO BOX 354, SANTA TERESA, NM, 88008-0354
LUNBERRY MD, JULIA J, 7381 SUNCREST CT, COLUMBIA, MO, 65201-6980
LUNDAK MD, BRUCE E, 930 FERNWOOD RD, ROYAL OAK, MI, 48067-0000
MANSUR MD, LISA I, 1993 CHAMPAGNE AVE, TAYLORSVILLE, UT, 84118-1304
MARKEL MD, LARRY G, 500 E 5TH, BARTLESVILLE, OK, 74003-0000
MAXFIELD MD, RUSSELL J, 5111 LYDA, COLORADO SPRINGS, CO, 80904-1009
MAYS MD, KEVIN P, 1412 CALGARY COVE, LITTLE ROCK, AR, 72211-0000
MCATEE MD, JAMES R, 75 WOODLORE CIR, LITTLE ROCK, AR, 72211-2379
MELHAM MD, THOMAS J, 5304 N POPLAR DR, MUNCIE, IN, 47304-5755
MILLER MD, DON E, 4916 W BAY WAY PL, TAMPA, FL, 33629-4834
MILLER MD, HERBERT C, PO BOX 176, NORTHFORD, CT, 6472-0176
MODELL MD, ELLEN M, 912 CARY RD, EDMONDS, WA, 98020-2651
NEHORAYAN, MARC L, 16001 SKYTOP RD, ENCINO, CA, 91436-3923
NEUHAUS, JOHN P, 1312 AALAPAPA DR, KAILUA, HI, 96734-3206
NEWBY, CORY, 2233 LUANN LN APT 3, MADISON, WI, 53713-4538
NEWELL MD, LINDA C, 7007 E GOLD DUST AVE #89-1052, SCOTTSDALE, AZ, 85253-1400
NIENSTEDT MD, JOHN F, 10820 W FAIRWAY CT #218, SUN CITY, AZ, 85351-4155
NIGH MD, STEPHEN S, 3828 SHADYSIDE LN, CHESAPEAKE, VA, 23321-0000
NIHIRA, MIKIO A, 1750 STONE CANYON RD, LOS ANGELES, CA, 90077-0000
NOLKER MD, STEPHEN G, PO BOX 35, LAWSON, MO, 64062-0035
ORTH MD, GREGORY, 10323 HAVEN CIR, MIDWEST CITY, OK, 73130-6724
OWENS JR MD, WILLIAM S, 178 CARYLE CIR, COLUMBIA, SC, 29206-0000
PEES MD, GERALD B, 6233 FLO CIRCLE E, APOLLO BEACH, FL, 33570-0000
PERSONS MD, DIANE L, 4871 16TH AVE NW, ROCHESTER, MN, 55901-8239
PETTERSON MD, O'RUTH S, 1745 NE 49TH ST #101, FORT LAUDERDALE, FL, 33334-5643
PETTIJOHN MD, WALTER J, PO BOX 31-242, GUADALAJARA JALISCO, MX
PIERCE MD, CHARLES F, 47 ROUNDTREE CIR, BRANDON, MS, 39042-2619
PODREBARAC MD, PIERRE, 401 SUMMIT POINTE WAY NE, ATLANTA, GA, 30329-4058

POULOSE MD, ANIL K, 814 HOLLY AVE, SAINT PAUL, MN, 55104-7136
PRICE MD, PETER G, 3020 E SOUTH FORK DR, PHOENIX, AZ, 85048-8743
PURDY, ANGEL M, 8223 SCOTTS LEVEL RD, PIKESVILLE, MD, 21208-2232
PUTNAM MD, ANTHONY M, 4215 N CIVIC CENTER BLVD, SCOTTSDALE, AZ, 85251-3943
OUIGLEY MD, PATRICK R, 607 MARION DR, COLUMBIA, MO, 65203-2244
OUINONES MD, ELADIO A, 9125 MCMILLAN LN, TAMPA, FL, 33635-1315
REEVES (MC)USNR, CAPT C S, BLDG 4197, FORT SAM HOUSTON, TX, 78234-5000
REILE OBLANDER, DANA, 12217 VILLAGE SQUARE TER #301, ROCKVILLE, MO, 30852-1922
RETTELE MD, GARRICK A, 1221 RESERVOIR RD APT 110, LITTLE ROCK, AR, 72207-5726
REUSSNER MD, LEE, 324 ROSEDALE ST, ROCHESTER, NY, 14620-0000
RHODES MD, IVAN E, GENERAL DELIVERY, RIO VERDE, AZ, 85263-9999
RICHARDS MD, DAVID A, 4835 S 3200 W, ROY, UT, 84067-7455
RICHARDSON, KAREN M, 1164 W 101ST PL, DENVER, CO, 80221-6274
RIEG MD, KEVIN P, PO BOX 20254, PANAMA CITY BEACH, FL, 32407-2254
ROSE MD, DONALD L, 16 EATON CIR, BELLA VISTA, AR, 72714-5513
RUNNELS MD, JOHN B, 300 HOMER AVE, PALO ALTO, CA, 94301-2726
RYAN MD, SHERRY L, 9305 E 82ND TERR, RAYTOWN, MO, 64138-2032
SCANLON JR MD, JAMES H, 103 OAK RIDGE DR PO BOX 26, HADDAM, CT, 6438-0026
SCHLOESSER CLARK MD, ANNE, 120 BRANCH HILL RD, PRESTON, CT, 6365-6504
SCHNIEROW MD, BRADLEY J, 4500 ESTRONDO DR, ENCINO, CA, 91436-3230
SEHDEV, KIRAN, 15190 PRESTONWOOD BLVD #1037, DALLAS, TX, 75248-4702
SEVIER MD, SAMUEL M, 2731 W OKMULGEE, MUSKOGEE, OK, 74401-5155
SHAFER MD, PRESTON J, HC 2 BOX 163Z, PAYSON, AZ, 85541-9578
SHIREMAN MD, PETER K, 3967 NORTON HILLS RD, MUSKEGON, MI, 49441-0000
SIMPSON MD, ROBERT L, 645 PAWN AVE, OUINCY, IL, 62301-0903
SMITH MD, JON A, 258 SAN JOSE, SALINAS, CA, 93901-3901
SMITH MD, MICHAEL L, 1817 CHAUCER, MADISON HEIGHTS, MI, 48071-2014
SNYDER MD, JULIE, 407 1/2 COLUMBIA DR SE, ALBUOUEROUE, NM, 87106-3617
SOMERA MD, JOSE D, 408 LIBERTY DR, AUBURNDALE, FL, 33823-2230
SPEARMAN MD,JESSE L, 6722 GOLFCREST DR, SAN DIEGO, CA, 921192428
SPENCER MD, MILLARD C, 16 MARSH TOWER LN, SAVANNAH, GA, 31411-1709
STANLEY MD, KENNETH E, 4044 VICKY, BIG SPRING, TX, 79720-7020
STEICHEN MD, EDWARD F, RR 3 BOX 278, KEARNEY, NE, 68847-9567
STINGO, ANDREW J, 2700 CLAY EDWARDS DR, NORTH KANSAS CITY, MO, 64116-0000
STOFER MD, BERT E, 18834 N 95TH AVE, PEORIA, AZ, 85382-3605
STUBLER MD, DANIEL K, 1309 GATEWOOD DR #606, AUBURN, AL 36830-2838
SULLIVAN MD, CORNELIUS J P, 34 LARCH CT, FISHKILL, NY, 12524-2628
SWAN MD, MAJOR MARTIN, 4951 BELL RD LN, AUBURN, CA, 95603-7807
SWEAT MD, GREGORY T, 1332 26TH ST SW, ROCHESTER, MN, 55902-1635
SWIFT MD, TIMOTHY J, 1160 FOOTHILL DR APT 216, SALT LAKE CITY, UT, 84108-1951
TETZLAFF MD, ARCH O A, 7421 NW KERNS DR, WEATHERBY LAKE, MO, 64152-1742
TILTON MD, FRANK M, 609 INEZ, GREENVILLE, MS, 38701-4822
TIPPIN JR MD, ERNEST E, LONG PEAK RT, ESTES PARK, CO, 80517-7305
TOLLER MD, KEVIN K, 2547 N PALO SANTO DR, TUCSON, AZ, 85745-1091
TSCHOPP MD, CHARLES F, 3730 RHONE CIRCLE STE 203, ANCHORAGE, AK, 99508-5054
TTOFI MD, CHRISTOPHER S, 207 CAMP AVE, NEWINGTON, CT, 6111-1924
UNDERWOOD MD,JOHN (JOHNSON IV), 152 SPRINGCREEK DR, SPRINGFIELD, IL, 627023467
VOSSLER MD, CHARLES H, 6029 FLAT ROCK RD APT 10, COLUMBUS, GA, 31907-5700
VU, TRIEN B, 301 UNIVERSITY BLVD #RT-062, GALVESTON, TX, 77550-2708
WADE MD, THEODORE E, APDO 16 -20, MONTE MORELOS, MX
WALDORF JR MD, MELVIN H, 440 LEISURE WORLD, MESA, AZ, 85206-0000
WALKER MD, NELLIE G, 501 N MOORE ST #201F, LEE'S SUMMIT, MO, 64081-1427
WALTERS MD, BYRON W, 9539 COUNTRY CLUB DR, SUN CITY, AZ, 85373-1725
WANGER MD, MICHAEL P, 9718 CAMINITO DOHA, SAN DIEGO, CA, 92131-1624
WASHINGTON, CHARMETRA R, 3506 GREEN BAY RD APT 2086, NORTH CHICAGO, IL, 60064-3635
WEBSTER MD, BOBBY W, 885 FOREST HILL AVE SE, GRAND RAPIDS, MI, 49546-2325
WEINER MD, GARY B, 1441 FAIRMOUNT AVE, ST PAUL, MN, 55105-2304
WESCOE MD, W CLARKE, ROUTE 2, SPICER, MN, 56288-9802
WHITE MD, CHARLES L, 106 J S-W #D, OUINCY, WA, 98848-0000
WILDS MD, CHARLES E, 18 BASILDON CIR, BELLA VISTA, AR, 72714-5641
WILLIAMS MD, EVAN R, 1444 E PARK AVE, GILBERT, AZ, 85234-1000
WILLIAMS MD, HOMER J, 25352 MONTE VERDE DR, LAGUNA NIGUEL, CA, 92677-1537
YANG MD, ALEXANDER O, 6050 W BRITTON RD APT C, OKLAHOMA CITY, OK, 73132-2414

Resident Physician Section

ALI MD, ZAHID, 551 N HILLSIDE STE 410, WICHITA, 67214-0000
ALLEN MD, JAY L, RR 1 BOX 107C, PLEASANTON, 66075-9576
ALVARADO MD, LORRAINE, 601 S OUENTIN, WICHITA, 67218-0000
ANDERSON MD, SUSAN R, 8130 N HICKORY ST #13035, KANSAS CITY, 64118-6426
BABEL MD, DOUGLAS B, 9100 W 70TH ST, SHAWNEE MISSION, 66204-1152
BAKER MD, TRACY M, 1932 S ERIE ST, WICHITA, 67211-4712
BALES MD, MITZI M, 3801 W 13TH APT 911, WICHITA, 67203-0000
BANWART MD, JON C, 1940 N SEDGWICK ST, WICHITA, 67203-1530
BARBIERI MD, CRAIG D, 9927 EDELWEISS CIR, SHAWNEE MISSION, 66203-4612
BENJAMIN MD, ASHLEY B, 2612 STRATFORD RD, LAWRENCE, 66049-2844
BEY MD, LOVI D, 2024 BRISTOW ST, KANSAS CITY, 66103-2111
BIGHAM MD, BRYON S, 1940 SW RANDOLPH AVE, TOPEKA, 66604-3160
BILLINGS MD, BRIAN M, 450 N BLECKLEY DR, WICHITA, 67208-4011
BLANCHARD MD, PATRICK A, 845 S 10TH, SALINA, 67401-4859
BOUD MD, THOMAS J, 15925 BECKETT LN, OLATHE, 66062-4522
BOYCE MD, MARY C, 3340 E CENTRAL, WICHITA, 67208-3104
BRACK MD, JULIE D, 5249 ALDER DR, SHAWNEE MISSION, 66205-2177
BRADLEY MD, KENT R, 1709 PARK PL #2, WICHTIA, 67203-2539
BRADY MD, MARK D, 5907 E 41ST ST N, WICHITA, 67220-1972
BRECHEISEN MD, NANCY L, 5400 E 21ST ST N #917, WICHITA, 67208-1630
BREWER MD, SUSAN J, 2507 SW MAXFIELD, TOPEKA, 66614-0000
BRUNNER MD, CHRIS N, 818 CARRIAGE PKWY, WICHITA, 67208
BURGETT, PAUL M, 2510 E PAWNEE #1304, WICHITA, 67211-0000
CABRERA MD, ANTHONY J, 4008 ADAMS, KANSAS CITY, 66103-2910
CABRERA MD, ARNOLD R, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0001
CAMERON MD, JEFF W, 4733 BELINDER CT, SHAWNEE MISSION, 66205-1839
CAO MD, THAI H, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
CARPINO MD, STEPHANIE SHEAR, 5111 ROCK CREEK LN, SHAWNEE MISSION, 66205-3049
CARVER MD, DEBORAH L, 5319 W 23 TER, TOPEKA CITY, 66614-1609
CASTRISOS MD, JAMES C, 140 N LORRAINE ST, WICHITA, 67214-4821
CATTANEO MD, JOHN E, 5100 FOXRIDGE DR APT 1521, SHAWNEE MISSION, 66202-1590
CHAFFEE MD, BRYAN G, 5809 N ANDERSON RD, NEWTON, 67114-9703
CHEN MD, EDWARD C, 13309 W 111TH TER, SHAWNEE MISSION, 66210-3301
CHHATRE MD, MADHUKAR, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0001
CHRISTENSEN MD, ERIC C, 6025 KENWOOD AVE, KANSAS CITY, 64110-3039
CHRISTIAN MD, MARY, 6816 E 27TH ST N, WICHITA, 67226-1640
CLOUGH MD, JOHN A, 4147 CAMBRIDGE ST, KANSAS CITY, 66103-3318
COATES MD, SCOTT D, RR 4 BOX 8, CHANUTE, 66720-8903
COCHRAN MD, KIMBERLY A, 1257 E WESTERFIELD PL, OLATHE, 66061-3552
COLYER MD, JEFFREY W, 3808 ROANOKE RD, KANSAS CITY, 64111-3855
COOKE MD, BRIAN D, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000
COSTA MD, JOHN A, 1029 ELDRIDGE ST, LAWRENCE, 66049-3760
CRADDOCK MD, TERRY M, 3530 PECOS, WICHITA, 67203-0000
CRISP-LINDGREN MD, NAOMA, 1245 N RIVER BLVD, WICHITA, 67203-3029
DAVIDSON D O, ALAN N, 204 N 6TH ST, STERLING, 61579-1909
DAVIS MD, MATTHEW F, 6905 W 99TH ST, SHAWNEE MISSION, 66212-0000
DEAN MD, DAVID P, 929 N ST FRANCIS -SURG, WICHITA, 67214-3821
DENNING MD, DIANA F, 6501 MAGILL ST, WICHITA, 67206-1341
DEVINE MD, ROBERT P, 5100 FOXRIDGE DR APT 435, SHAWNEE MISSION, 66202-1584
DEWITT MD, PETER, 1131 S CLIFTON, WICHITA, 67218-2990
DOWLATSHAHI MD, MORTEZA, 8718 METCALF APT 102D, SHAWNEE MISSION, 66212-0000
DUGGINS MD, MAURICE L, 2436 ALOMA ST, WICHITA, 67211-3713
ELCOCK MD, DAVID G, 12607 PAWNEE LN, SHAWNEE MISSION, 66209-1447
ENSROTH MD, KENNETH A, PO BOX 829, TOPEKA, 66601-0829
EVANS MD, GENE H, 906 BUFFUM ST, WICHITA, 67203-3156
FAJARDO MD, JEFFREY, 1945 N ROCK RD #1315, WICHITA, 67206-1231
FAULK MD, L CHRISTINE, 3506 E ENGLISH, WICHITA, 67218-0000
FISCHER MD, KENNNETH A, 4746 ROANOKE PKY APT 705, KANSAS CITY, 64112-1864
FITZPATRICK HARRIS MD, PAMELA, 6500 NALL, SHAWNEE MISSION, 66202-0000
FITZSIMMONS MD, CURTIS J, 6808 ANTIOCH RD APT 244, SHAWNEE MISSION, 66204-1280
FLEMMING MD, DONNA J, 999 N SILVER SPRINGS #2313, WICHITA, 67212-6052
FRANK MD, MARY S, 7091 SW FOUNTAINDALE RD, TOPEKA, 66614-4624
FREDRICKSON MD, DAVID P, 1033 N TERRACE, WICHITA, 67208-0000
FRISKEL MD, ERIC D, 6524 LARSEN LN, SHAWNEE MISSION, 66203-3840
GARNER MD,STEVEN A, 1770 S ROCK RD APT 203, WICHITA, 672075174
GEMPERLI MD, AMY W, 4521 W 131ST ST, SHAWNEE MISSION, 66209-0000
GILLETT MD, MARK L, 14190 GRANT ST, SHAWNEE MISSION, 66221-2148
GOLDSTEIN MD, JOYCE, 13202 BARKLEY, SHAWNEE MISSION, 66209-3911
GRACE MD, CAROL A, 6114 EL MONTE ST, SHAWNEE MISSION, 66205-3234
GRADY D O, TIMOTHY P, 551 N HILLSIDE STE 410, WICHITA, 67214-0000
GRAESSLE D O, DONNA M, 17216 W 67TH, SHAWNEE MISSION, 66217-9600
GRAY MD, APRIL K, 1717 S 31ST ST APT B, KANSAS CITY, 66106-2872
GREATHOUSE MD, ALETA B, 7400 E 32ND ST N APT 802, WICHITA, 67226-0000
GREEN MD, JUSTIN L, 1719 JEFFERSON ST, KANSAS CITY, 64108-1103
GREENFIELD MD, MICHAEL A, 8115 W 97TH ST, SHAWNEE MISSION, 66212-3330
GROSSER MD, DAVID M, 6316 W 52ND ST, SHAWNEE MISSION, 66202-1646
GUPTA MD, GANESH G, 929 N SAINT FRANCIS ST, WICHITA, 67214-3821
HAGMAN MD, JOSEPH E, 550 N HILLSIDE, WICHITA, 67214-4910
HALL MD, KIM M, 848 S 10TH, SALINA, 67401-0000
HAMILTON MD, DEBORAH K, 1770 S ROCK RD #912, WICHITA, 67207-5177
HANCE MD, KIRK A, 6850 W 51ST TER #2D, SHAWNEE MISSION, 66202-0000
HATFIELD MD, ALLYSON A, 2403 WALDEN DR #202, WICHITA, 67226-1050
HEEB MD, JON J, 10211 W 49TH PL, SHAWNEE MISSION, 66203-4817
HEGEMAN MD, ROBERT B, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000
HEIN MD, DANIEL J, 817 E COURT ST, SMITH CENTER, 66967-3215
HEMAYA MD, AMIR R, 6334 OUTLOOK, SHAWNEE MISSION, 66202-0000
HENSEL JR MD, JOHN M, 4630 PENNSYLVANIA APT 2 SOUTH, KANSAS CITY, 64112-1452
HESS MD, KATRINA M, 6264 G EAST COUNTY CLUB RD, SALINA, 67401-9607
HIGGINBOTHAM MD, DENNIS G, 12215 BLACKFOOT, OLATHE, 66062-1061
HIGNIGHT MD, JAMES E, 2213 W 79TH TER, SHAWNEE MISSION, 66208-3839
HILGER MD, MARK A, 1717 S CYPRESS ST APT 1011, WICHITA, 67207-5552
HOPKINS MD, KATHY S, 7531 ANTIOCH RD, SHAWNEE MISSION, 66204-2623
HORTON MD, GREG A, 4819 W 65TH ST, SHAWNEE MISSION, 66208-1355
HOVORKA MD, JOHN W, 1624 W 26TH ST, TOPEKA, 66611-1333
HOWARD MD, MARSEEA H, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000
HUEBERT MD, KORY D, 2801 N ROCK RD #1404, WICHITA, 67226-1184
HUGGETT MD, WILLIAM L, PO BOX 829, TOPEKA, 66601-0000
HUGHES MD, DOUGLAS W, 12501 W 105TH, SHAWNEE MISSION, 66215-0000
HUSER MD, PAUL W, 513 BROWNIE ST, ROSE HILL, 67133-9759
JACKSON MD, MICHAEL R, 6102 E 2ND ST N, WICHITA, 67208-4415
JANZEN MD, KIMBERLY J, 2018 FAIRCHILD, WICHITA, 67219-1504
JAYAKUMAR MD, VIMALA, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7370
JOHANNING, JASON M, 6114 COTTONWOOD DR, SHAWNEE MISSION, 66216-1538
JOHNSON MD, BRIAN A, 201 BURR OAK RD, WICHITA, 67206-2105
JOHNSON MD, MILLARD E, 1149 N DELLROSE ST, WICHITA, 67208-2814
JONG MD, CAROL N, 4755 MISSION RD, SHAWNEE MISSION, 66205-1627
JOST MD, COREY J, 575 S ROOSEVELT ST, WICHITA, 67218-2033
KAUER MD, CURTIS D, 8805 W 70TH TER, SHAWNEE MISSION, 66204-1114
KELLY MD, MICHELE, 8318 REEDS LANE, SHAWNEE MISSION, 66207-1663
KETCHER D O, SCOTT J, PO BOX 1757, SALINA, 67401-1757
KIM MD, CLEMENT C, 256 N TOPEKA ST APT 810, WICHITA, 67202-2441
KOELLIKER MD, LESLIE M, 1055 S CLIFTON AVE, WICHITA, 67218-2910
KOSSOW MD, WILLIAM D, 39TH & RAINBOW BLVD, KANSAS CITY, 66160-0000
LACEY MD, RONALD L, 1010 N KANSAS, WICHITA, 67214-0000
LARSON MD, MELISSA L, 8879 JUNIPER LN, SHAWNEE MISSION, 66207-2219
LAW D O, BYRON D, 6907 W 72ND ST, SHAWNEE MISSION, 66204-1916
LEHNERT MD, DARREN L, 4261 N MISSION RD, WICHITA, 67226-1450
LEHR MD, CARRIE W, 5313 W 70TH ST, SHAWNEE MISSION, 66208-2054
LICHTY MD, DAN M, GENERAL DELIVERY, QUINTER, 67752-9999
LOOP MD, PAUL J, PO BOX 829, TOPEKA, 66601-0000
LOPEZ MD, GRISEN J, 7421 FLINT ST A #202, SHAWNEE MISSION, 66203-0000
LOPEZ-GIBSON MD, EDUARDO, PO BOX 829, TOPEKA, 66601-0000
LOWDEN MD,DAWNE R, 310 S ESTELLE ST, WICHITA, 672112009
LUDER MD, JACOB K, 2341 S BELMONT, WICHITA, 67218-5007
MACE MD, RHONDA D, 3838 RAINBOW BLVD APT 911, KANSAS CITY, 66103-2933
MALM D O, RONALD L, PO BOX 1757, SALINA, 67401-1757
MCDOWELL MD, CHARLES S, 5206 BOND, SHAWNEE MISSION, 66203-1429
MENNINGER MD, BRENT O, 4720 SW 18TH ST, TOPEKA, 66604-3519
MEYER MD, ANGELA M, 530 N FOUNTAIN, WICHITA, 67208-0000
MICHAEL MD, RICHARD O, 1131 S CLIFTON, WICHITA, 67218-0000
MILLS MD, CRAIG G, 2007 FEDERAL, KANSAS CITY, 66103-2125
MITCHELL MD, DANIEL S, 316 N RIDGEWOOD DR, WICHITA, 67208-0000
MOORE MD, CANDICE A, 4146 SW 6TH #225, TOPEKA, 66606-2071
MOREANO MD, PHILLIP A, 3900 N WOODLAWN ST #CC23, WICHITA, 67220-1990
MORRELL MD, DAVID G, 1010 N KANSAS, WICHITA, 67214-3124
MOSELEY MD, A CANDACE, 11700 E 62ND ST, KANSAS CITY, 64133-4445
MOSSINGHOFF MD, DEBORAH A, 3200 W 129TH, SHAWNEE MISSION, 66209-1776
MUILENBURG MD, JEFFREY J, 550 W CENTRAL AVE APT 1115, WICHITA, 67203-4221
MURPHY MD, GARY D, 1815 HIGHLAND AVE, SALINA, 67401-6520
NELSON MD, TAMMIE L, 10752 FLINT ST, SHAWNEE MISSION, 66210-3918
NIXON JR MD, NED R, 2514 W 51ST, SHAWNEE MISSION, 66205-0000
NOLA MD, BOUNSAVATH, 6615 E BAYLEY, WICHITA, 67207-0000
OTTINGER MD, CHRISTOPHER M, 12316 BIRCH ST, SHAWNEE MISSION, 66209-3153
PARK MD, RACHAEL E, 2833 S EMPORIA ST APT 1910, WICHITA, 67216-4741
PARMAN MD, LINDA M, 3104 SHERWOOD DR, LAWRENCE, 66049-2122
PETRAKIS MD, PATRICIA M, PO BOX 1757, SALINA, 67401-1757
PITTMAN-PARKS, MD TANYA J, PO BOX 1757, SALINA, 67401-1757
PITTS MD, JEANETTE M, 7627 E 37TH ST N APT 2607, WICHITA, 67226-2808
PLUMB MD, RENNE L, 4400 ADAMS, KANSAS CITY, 66103-3413
PLUMLEE MD, GEOFFREY B, PO BOX 1757, SALINA, 67401-1757
PORTER MD, SCOTT W, 7810 E 31ST STREET CIR N, WICHITA, 67226-2219
RAMSEY MD, TRACY C, 321 CIRCLE DR, WICHITA, 67218-1255
RANKIN MD, KRISTI, 5431 CHADWICK ST, SHAWNEE MISSION, 66205-1624
RATZLAFF MD, JAMES D, 257 N BROADVIEW ST, WICHITA, 67208-3814
REGAS MD, STEPHEN L, 211 W 77TH ST APT 1C, KANSAS CITY, 64114-1853

RENNER MD, PATRICK A, 5709 BIRCH, SHAWNEE MISSION, 66205-2817
RHOADES MD, JODY M, 5930 ANTIOCH RD, SHAWNEE MISSION, 66202-0000
RICKETTS-KINGFISHER MD, DAVID J, 3312 SW STONE AVE, TOPEKA, 66205-0000
ROBBINS MD, KATHLEEN M, 1010 N KANSAS, WICHITA, 67214-0000
ROMEREIM MD, MARK E, 124 AARON, ANDOVER, 67002-9438
RUCKER MD, MARK R, 9419 LONGLAKE ST, WICHITA, 67207-5556
RYAN MD, LORI K, 634 W 62ND ST, KANSAS CITY, 64113-1502
SAJADI MD, SEYED A, 3952 ADAMS APT 4, KANSAS CITY, 66103-0000
SARGENT MD, JENNIFER E, 550 W CENTRAL #1609, WICHITA, 67203-0000
SCHMIDT MD, DARYN R, 1157 S WEBB RD APT 715, WICHITA, 67207-4127
SCHMIDT MD, LADONA, 1323 DERBY ST, SALINA, 67401-0000
SCHUKAI MD, KATHERINE B, 10574 HAUSER, SHAWNEE MISSION, 66215-0000
SCHULZ MD, TOM K, 1313 BRADLEY, GREAT BEND, 67530-0000
SCHWERTFEGER MD, TY L, 6359 W 49TH ST, SHAWNEE MISSION, 66202-0000
SEITZ MD, RICHARD F, 5438 NORWOOD ST, SHAWNEE MISSION, 66205-2648
SENNE HUNT MD, DIANE L, 2827 S EMPORIA ST #1815, WICHITA, 67216-4738
SHAH MD, KENNETH J, PO BOX 47668, WICHITA, 67201-7668
SHARP MD, CHAD E, 6403 CLAYTONIA ST, WICHITA, 67206-1535
SHELL MD, JOHN R, 144 S HIGHWAY 75, BURLINGTON, 66839-9108
SHIAO MD, TSENG-KUO, 13309 W 111TH TERRACE, SHAWNEE MISSION, 66210-3301
SILER MD, JAMES W, 2032 N KESSLER ST, WICHITA, 67203-1038
SIMMONS MD, MARK S, 6446 AMINDA ST, SHAWNEE MISSION, 66226-3125
SIMMONS MD, MICHAEL R, RT 2 BOX 68, GIRARD, 66743-0000
SIMMONS MD, SHAWN T, 9400 E LINCOLN ST APT 717, WICHITA, 67207-3534
SIMONY-SCOLOFSKY MD, M ANN, 5020 SOUTHRIDGE, SHAWNEE MISSION, 66205-1324
SLAGLE MD, GENELLE J, 6643 WOODSON, SHAWNEE MISSION, 66202-4259
SMITH MD, ANN I, 800 E NORTHVIEW, OLATHE, 66061-2916
SMITH-KING MD, MAUREEN M, 4448 CAMBRIDGE, KANSAS CITY, 66103-3506
SPRADLIN MD, MICHAEL L, 9403 W 47TH TER, SHAWNEE MISSION, 66203-0000
STANGA MD, JAMES A, 990 S GEORGE WASHINGTON BLVD, WICHITA, 67211-0000
STEINES MD, MICHAEL W, 3901 RAINBOW BLVD, KANSAS CITY, 66103-0001
STEWARD MD, BRENT E, 4700 W 66TH ST, SHAWNEE MISSION, 66308-0000
STILLIONS MD, DUANE M, 910 WARD PKY APT 9, KANSAS CITY, 64112-1880
STURGEON MD, JOHN B, 7800 MOHAWK, SHAWNEE MISSION, 66208-4236
SUMPTER MD, MATTHEW T, 5222 CATALINA, SHAWNEE MISSION, 66205-2328
TADEO MD, RIA E, 3929 BELL, KANSAS CITY, 64111-4413
TAWADROS MD, HANAN K, 522 N HAMPTON RD, WICHITA, 67206-1502
TENBY MD, MICHAEL C, 5425 FOXRIDGE DR #204, SHAWNEE MISSION, 66202-4514
THOMAS MD, RYAN M, 958 PETERSON ST, WICHITA, 67212-4403
THOMAS MD, STANLEY M, 12620 SLATER LN, SHAWNEE MISSION, 66213-0000
TIPTON MD, KYLE M, 123 N ATCHISON, EL DORADO, 67042-0000
TOPLIFF MD, CONNIE L, 3700 W 24TH ST, LAWRENCE, 66047-2505
TURNER MD, LANE E, 9009 W 48TH TER, SHAWNEE MISSION, 66203-1219
VANVELDHUIZEN MD, PETER J, 4718 W 65TH TER, SHAWNEE MISSION, 66203-8668
VEAL MD, KATHRYN, 2229 W 74TH ST, SHAWNEE MISSION, 66208-3426
VELAKATURI MD, VINOD N, 12500 SAGAMORE RD, SHAWNEE MISSION, 66209-1387
VENUTI MD, SUSAN E, 3725 EATON ST, KANSAS CITY, 66103-2144
VIERRA MD, ANTHONY R, 8220 OXFORD CIR #11202, WICHITA, 67226-1863
WAHBEH MD, ANTHONY D, 4319 EATON ST, KANSAS CITY, 66103-3507
WALTON MD, TERRI D, 2159 S COOPER CT, WICHITA, 67207-5834
WARREN MD, RONDA L, 2629 W 43RD AVE, KANSAS CITY, 66103-3122
WILSON MD, MICHAEL A, 555 N PERSHING ST, WICHITA, 67208-3951
WOLFE MD, ANNE-MARIEKE, 3439 E MURDOCK ST, WICHITA, 67208-3012
WOOD JR MD, ROBERT A, 5120 GARNETT ST, SHAWNEE MISSION, 66203-1447
YOUNG MD, EDMOND M, 11600 HARMONY LN, OLATHE, 66062-0000
YOXALL MD, KELLY E, 4114 NW 65TH ST, KANSAS CITY, 64151-4060
ZIDEK MD, NANCY J, 615 N PERSHING ST, WICHITA, 67208-3456

Medical Student Section

ABEL, SHARI D, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
ANDERSON-CLAIR, JENNIFER, 12508 W 97TH TER STE 201, SHAWNEE MISSION, 66215-0000
ANDERSON, CY K, 8405 W CENTRAL #1811, WICHITA, 67212-3666
ANLIKER, WAYNE L, 919 N SUNSET DR, OLATHE, 66061-0000
ARROYO, ERRICK J, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
BARASH, BRIAN D, 3901 RAINBOW, KANSAS CITY, 66160-7303
BARNES, PAMELA J, 5106 W 58TH ST, SHAWNEE MISSION, 66205-0000
BEARY, WILLIAM M, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
BEAUREGARD, CURTIS L, 1889 S 32ND ST APT A, KANSAS CITY, 66106-0000
BERMAN, ALAN S, 4415 OXOFORD, SHAWNEE MISSION, 66208-0000
BLEYTHING, TRACY A, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
BOHMER, JAMES T, 30TH AND RAINBOW BLVD, KANSAS CITY, 66103-0000
BRANDT, JOHN F, 3901 RAINBOW, KANSAS CITY, 66160-7303
BROWN, NORAH E, 2312 S FERREE, KANSAS CITY, 66103-1731
BROWNE, CHRISTOPHER A, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000
BURNS, BRYAN W, 8029 BARKLEY ST, SHAWNEE MISSION, 66204-3842
BURRIS, JULIE R, 110 N DORIS BLVD, WICHITA, 67212-2424
BURTNER, JENNIFER J, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000
BURTNETT, LAWANA M, 2307 N VINEGATE CT, WICHITA, 67226-0000
CHIRRA, ANNAPOORNA R, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
CHOW-SAUTER, ALANA M, 3600 RAINBOW BLVD #215, KANSAS CITY, 66103-0000
CLARK, STEPHEN D, 901 RECA ST, WICHITA, 67212-0000
CLEMENTS, THAD A, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000
COLIP, MICHAEL F, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000
CROWNS, KENDALL V, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
DANIELS PETRAKIS, PATRICIA M, 4503 FRANCIS ST, KANSAS CITY, 66103-3534
DAVIS, KENT S, 1913 FEDERAL, KANSAS CITY, 66103-0000
DAVIS, MARTI RUE, 9515 W 77TH TER, SHAWNEE MISSION, 66204-0000
DENNETT, MIKE A, 3909 BOOTH ST APT 9, KANSAS CITY, 66103-0000
DREES, CHRISTINE A, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
DUNKIN, CHRISTOPHER L, 5823 HOWE DR, SHAWNEE MISSION, 66205-0000
DUNSHEE, CARLYLE M, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
EVANS, KIRSTEN E, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
EWING, WENDY C, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
FIELD,CHARLES E, 5910 W 67TH, SHAWNEE MISSION, 662120000
FLYNN, THOMAS J, 4173 FRANCIS ST, KANSAS CITY, 66103-0000
FREDRICKSON, DANN J, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
GARNER, WILLIAM J, 10201 HOWE DR, SHAWNEE MISSION, 66206-2418
GIBSON, STEPHANIE L, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
GOLLIER, JOHN C, 5135 RUSSELL ST, SHAWNEE MISSION, 66202-0000
GRATNY, LINDA L, RR 3 BOX 513, LEAVENWORTH, 66048-9561
GREY, CURTIS E, 3838 RAINBOW, KANSAS CITY, 66103-0000
GROS MD, MARK J, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
GUNDERSEN, KARL R, 9100 E HARRY ST APT 1201, WICHITA, 67207-4838
GURLEY, DANIEL J, 5005 BROADMOOR APT 124, SHAWNEE MISSION, 66202-0000
HALE, ARTHUR E, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
HALLOCK, EDGAR A, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
HAN, JIN C, 322 SPRINGDALE ST, BONNER SPRINGS, 66102-1463
HAUSHEER, MICHELLE R, 920 S ROCK RD #233, WICHITA, 67207-2770
HEMMEN, SHERYL R, 27615 W 29TH ST N, ANDALE, 67001-0000
HENDRICK, JAMES D, 3746 CAMBRIDGE ST, KANSAS CITY, 66103-2139
HEYER, JENNINE M, 1945 N ROCK RD APT 2113, WICHITA, 67206-1235
HICKS, KEITH V, 7526 ORIENT CT, KANSAS CITY, 66112-0000
HODGES, JASON L, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
HODGES, PETER T, 4726 W 63RD ST, SHAWNEE MISSION, 66208-1301
HSIEH, TSENG T, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0001
HUDGINS, MARIANNE B, 12839 W 119TH ST, SHAWNEE MISSION, 66213-0000
IRWIN, DOUGLAS G, 7925 NEWTON ST, SHAWNEE MISSION, 66204-0000
JACOBS, TOMAYO S, 5708 WEBSTER, KANSAS CITY, 66104-2033
JARVIS, CHRISTOPHER D, 9026 W 64TH PL APT 302, SHAWNEE MISSION, 66202-0000
KASSELMAN, JEFFREY P, 1433 N JEANETTE, WICHITA, 67201-3267
KASTNER, BRIAN D, 7701 JUNIPER, SHAWNEE MISSION, 66208-0000
KAUPHUSMAN, TESSA M, 11504 NEWTON ST, SHAWNEE MISSION, 66210-0000
KELLER, JOHN W, PO BOX 953, WAKEENEY, 67672-0953
KELLEY, THOMAS D, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
KESTIN, LARRY L, 5610 MARTY ST, SHAWNEE MISSION, 66202-0000
KIM, SARAH S, 2300 N 40TH ST, KANSAS CITY, 66103-0000
KIMBLE, BRIAN A, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
KIRACOFE, KENT H, 2401 W 78TH ST, SHAWNEE MISSION, 66208-0000
KNAPP, WENDI A, 3901 RAINBOW BLVD STU BOX #108, KANSAS CITY, 66160-0000
LAFEX, SUZANNE R, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
LANGLEY, JAY R, 8753 STEARNS ST, SHAWNEE MISSION, 66214-0000
LASHELL, MARK S, 3405 SW MAYO AVE, TOPEKA, 66611-2457
LEACH, ROBERT J, 505 N ROCK RD #1419, WICHITA, 67206-1726
LEESON, MICHAEL C, 7810 RILEY ST #1027, SHAWNEE MISSION, 66204-4618
LEIKER, MARK A, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
LINENBERGER, KATHERINE, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
LINHARDT, GREGORY S, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
LOPEZ, THALIA J, 2418 VICTORIA APT 7102, KANSAS CITY, 66106-0000
LYNCH, MARK A, 12311 KING ST, SHAWNEE MISSION, 66213-0000
MACNAUGHTON, KATHLEEN A, 4968 W 60TH TER, SHAWNEE MISSION, 66205-0000
MANGAR, STEVEN K, 3900 BOOTH APT 9, KANSAS CITY, 66103-0000
MARKESE, SABRINA, 1927 FEDERAL ST, KANSAS CITY, 66103-2123
MARTIN, COLEMAN O, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
MCCOY, MIKKI L, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
MCDOWELL, KATHLEEN L, 1210 W MURDOCK ST, WICHITA, 67203-3249
MCKEE, JED WAYNE, 2200 S ROCK RD APT 104, WICHITA, 67207-5309
MEARA, JOHN B, 2011 FEDERAL, KANSAS CITY, 66103-0000
MIDYETT, LARRY K, 4202 CAMBRIDGE ST, KANSAS CITY, 66103-0000
MILLER, CHRISTOPHER D, 5738 NALL AVE, SHAWNEE MISSION, 66202-0000
MILLER, RICHARD D, 2946 FRANCIS ST #101, KANSAS CITY, 66103-0000
MOORE, CHARLES F, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
MOORE, JON M, 5234 SKYLINE DR, SHAWNEE MISSION, 66205-0000
MOSIER, SUSAN K, 30TH & RAINBOW BLVD, KANSAS CITY, 66103-0000
MURPHY, DANIEL J, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
NELSON CAMPION, JANET M, 7809 FONTANA ST, SHAWNEE MISSION, 66208-4371
NELSON, KRISTA A, 1910 FEDERAL ST, KANSAS CITY, 66103-0000
PARHAM, PAMELA C, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
PARRISH BRANDES MD, LISA K, 211 N YALE ST, WICHITA, 67208-3333
PATE, BRIAN M, 6306 E 11TH ST N, WICHITA, 67208-2613
PERKINS, HAROLD L, 1009 ANITA DR, HAYSVILLE, 67060-1009
PETERSEN, MARK I, PO BOX 477, BONNER SPRING, 66012-0477
PFEIFFER, BRIAN D, 3600 RAINBOW APT 312, KANSAS CITY, 66103-2063
PHAM, THUHA T, 2807 S EMPORIA ST #1511, WICHITA, 67216-4732
PRATT, STEPHEN E, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
PROHASKA, DANIEL J, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
RABE,AMY C, 9400 LINCOLN APT 112, WICHITA, 672070000
RADAKOVICH, RICKY R, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
REASONER, BRIAN M, 6900 W 51ST ST #211, SHAWNEE MISSION, 66202-0000
REED, JUSTIN A, 503 S ELIZABETH, WICHITA, 67213-3903
REIMER, ARLO J, 5001 BROADMOOR, SHAWNEE MISSION, 66202-0000
ROSE, THOMAS A, PO BOX 394, DOUGLASS, 67039-0000
RUMBAOA, PHILIP L, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
RUSSELL, KIMBERLY A, 14021 HAYES ST, SHAWNEE MISSION, 66221-0000
SANCHEZ, NOEL C, 3838 RAINBOW ST, KANSAS CITY, 66103-0000
SANDSTROM, ERIK D, 5400 E 21ST ST N APT 1001, WICHITA, 67208-1631
SCHEUFLER, STEVEN R, 9432 LONGLAKE ST, WICHITA, 67207-5521
SCHLOSSER, DANIEL B, 4414 ADAMS, KANSAS CITY, 66103-0000
SCHMITZ, ROBERT J, 4440 SUMMIT ST, KANSAS CITY, 64111-3494
SCHNEIDER, DAVID J, 4141 ADAMS ST, KANSAS CITY, 66103-3106
SCHRADER, JEAN M, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
SCHROEDER, JON E, 3924 S GILDA CIR, WICHITA, 67215-0000
SCHULTZ, JEFFREY J, 9026 ALDEN ST, SHAWNEE MISSION, 66215-2965
SHIDELER, BARBARA M, 9714 ANTIOCH RD, SHAWNEE MISSION, 66212-0000
SHORT, WILLIAM L, 6921 W 97TH TER, SHAWNEE MISSION, 66212-0000
SINGH,RAHUL P, 710 N VALLEYVIEW ST, WICHITA, 672124542
SMITH, HEATHER E, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
SMITH, KOLETTE L, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
SNYDER, HEIDI L, 4310 EATON ST, KANSAS CITY, 66103-0000
STEINSHOUER, HEIDI E, PO BOX 3646, KANSAS CITY, 66103-0000
STEVENS, AMY K, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
STEWART, ROBERT H, 251 N GLENDALE ST, WICHITA, 67208-4027
STIRLING, CORY J, 10544 BLUEJACKET ST, SHAWNEE MISSION, 66214-3029
STPETER, DAVID A, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000
STUEVE, WILLIAM G, 1914 ESTERLY, KANSAS CITY, 66103-0000
SUMMERHILL, WENDY L, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000
SWAIN, JAMES M, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000
THOLE, ROBERT T, 2520 W 46TH AVE, KANSAS CITY, 66103-0000
THOMAS, CHRISTOPHER O, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000
THORPE, GARY W, 10015 W 83RD TER, SHAWNEE MISSION, 66212-4410
TIOJANCO, JOSEPH K, 1914 W LAWRENCE CT, KANSAS CITY, 66103-0000
TRAN, STEVE M, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000
TROY, TERESA J, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000
TURNER, SHELLEY A, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000
VANDEGARDE, TRENT L, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000
VAUGHN, DEANNA L, RR 1 BOX 59A, TOWANDA, 67144-9737
VU,ANN L, 5910 W 67TH ST, SHAWNEE MISSION, 662024204
WAGNER, JENNIFER K, 4136 ADAMS, KANSAS CITY, 66103-0000
WALTON, PATRICIA L, 23000 W MACARTHUR RD, GODDARD, 67052-9247
WASINGER, LORI D, 3927 BOOTH ST #1, KANSAS CITY, 66103-2871
WEAVER, JOHN J, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000
WEBBER, ELLEN S, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000
WHITELY, RANDOLPH N, 14510 WILLOWBEND CIR, WICHITA, 67230-9237
WILDER, THOMAS W, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000
WILLIAMSON, TIMOTHY L, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000
WIMER, DOUG W, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000
WINKLER, LISA A, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000
WINSLOW, CHRISTOPHER L, PO BOX 3567, KANSAS CITY, 66103-0567
YOUNG, D ALLEN, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000

Notes

Notes

Hospital Medical Staff Section
24th Assembly Meeting
December 1-5, 1994
Sheraton Waikiki Hotel
Honolulu, Hawaii

Representation Education and Networking

Send a representative from your hospital medical staff and physician organization to the 1994 Interim American Medical Association Hospital Medical Staff (AMA-HMSS) Assembly Meeting held on December 1-5 in Honolulu. Aside from participating in the development of AMA policy, representatives will have an opportunity to network with colleagues, dialogue with the AMA Board of Trustees, and hear the latest news and information on health system reform.

With a changing health care environment, broader diversity within the physician population, limited resources, and an overriding need for unity of purpose and action by organized medicine, the AMA has undertaken a study of the Federation.

Federation Consortium Study

The study, involving county, state and specialty societies, the AMA, and other related organizations, intends to uncover useful information for developing ways to increase membership, member participation, and advocacy as well as improve communications, medical society performance, and resource utilization.

Project leaders have asked the AMA-HMSS to participate in the process because it effectively represents grassroot physician concerns. Input from each HMSS representative also will be extremely valuable in defining organized medicine in the future.

The 1994 Interim AMA-HMSS Assembly Meeting Education Program will host the Consortium study. Data collected and analyzed will facilitate the following objectives:

- Identify current and future needs, expectations, and preference of physicians and others for organized medicine;
- Explore membership ideas and options;
- Assess how medical societies relate to each other—including ways to be more supportive, avoid duplication of effort, leverage strengths, and better address weaknesses;
- Discover whether there are better tools/technologies that medical societies can use to communicate with one another and their members; and
- Enable medical societies to work smart in a more focused and purposeful way.

Plan to participate in the Federation Consortium on Friday, December 3 from 2:30 to 5:30 pm in Honolulu, Hawaii. Mahalo!

American Medical Association

Physicians dedicated to the health of America

Disability and Business Overhead Expe

Insurance Program Endorsed by the

KANSAS MEDICAL SOCIETY

XE
NEW ENGLAND JRNL OF MEDICINE
10 SHATTUCK ST
BOSTON MA 02115-6011
J-409003

You've Spent a Lifetime Building Your Prac

Would contracting ***HIV*** or ***ANY*** disability take it away?

Have you ever thought about how your life would change if you contracted HIV? It would change everything, including your finances.

A new Connecticut Mutual HIV Disability Income Rider will pay you benefits without any waiting period if you contract HIV - no matter how you contract it. You would receive benefits regardless of whether or not you continue working.

Here's what the HIV Disability Rider can do:

- Pay you disability income benefits if you test seropositive for HIV.
- Give you up to $10,000 per month of income for up to two years.
- Allow you to make practical, personal decisions without the fear of financial ruin.
- Pay you even if you are physically able to work - something your standard disability income insurance may not do.

If you would like more information on this valuable coverage, mail us the coupon or call us at our toll-free number.

I'd like more information on the KANSAS MEDICAL SOCIETY DISABILITY INCOME AND BUSINESS OVERHEAD EXPENSE INSURANCE PROGRAM.

Name _____

Address _____

CITY _____ STATE _____ ZIP _____

( ) Phone _____

Connecticut Mutual Life Insurance Company (Hartford, CT), its subsidiaries and affiliates.

The **KMS DISABILITY INCOME A NESS OVERHEAD EXPENSE INSURANCE PROGRAM** is specially designed for the members of the **Kansas Medical Society** by the firm of **Cohen Financial Services.**

Cohen Financial Services has long been known for their expert counseling of physicians. For over 30 years they have provided insurance and financial products to physicians.

THE KMS DISABILITY INCOME AND BUSINESS OVERHEAD EXPENSE INSURANCE PROGRAM features:

- 15% discount on premiums (10% additional non-smoker discount!)
- Non-cancellable and guaranteed continuable disability coverage to age 65 or retirement.
- Guaranteed premiums.
- Individually owned policies.
- Specialty coverage available.
- Coverage for Positive HIV Test - No Disability Required.

COHEN
FINANCIAL SERVICES

One Ward Parkway, Suite 106
Kansas City, Missouri 64112
(816) 932-9420 FAX (816) 931-3832
1-800-747-9420

KANSAS MEDICINE

JOURNAL OF THE KANSAS MEDICAL SOCIETY

September 1994 Volume 95, Number 9

THE FRANCIS A. COUT
LIBRARY OF MEDIC
BOSTON, MA
NOV 1 4 1994



When the Sunflowers Bloom (Page 177)

- Collection of Unpaid Debts
- Human Listeriosis
- CTD: Carpal Tunnel Syndrome
- Acute Quadriplegic Myopathy
- Immunization Coverage Rates
- Medical Information Searches

KANSAS MEDICINE

VOLUME 95 • NUMBER 9 • SEPTEMBER 1994

CONTENTS

Scientific Articles

187 Human Listeriosis: Case Report and Review
This potentially deadly pathogen should be considered in high-risk patients.
Rebecca T. Horvat, Ph.D., and Mubashir A. Zahid, M.D.

189 CTD: Carpal Tunnel Syndrome, the Facts and Myths
Individual risk factors may be good predictors of CTDs.
J. Mark Melhorn, M.D.

Departments

177 Cover Story
178 Editorial Comment
180 President's Message
182 Medicina et Lex
183 Vox Dox
184 Alliance News
193 Preventive Medicine
195 Case of the Month
197 News from KDHE
199 Radiology Vignette
201 Medicine and Computers
204 Classified Advertisements

Miscellaneous

192 Information for Authors
198 Change-of-Address Form
202 Many Kansas Wells Are Unwell
203 Memo to Retiring Members

EDITORIAL BOARD

Warren E. Meyer, M.D., Acting Editor
M. Martin Halley, M.D.
David S. Jacobs, M.D.
Harry G. Kroll, M.D.
Donald R. Pierce, M.D.
James H. Ransom, M.D.
William J. Reals, M.D.
Donald L. Vine, M.D.
Anne D. Walling, M.D.

STAFF

Susan Ward
Production Editor

Jeremy Slaughter
Business Manager

KANSAS MEDICINE (ISSN 8755-0059) is published monthly by the Kansas Medical Society, 623 W. 10th Avenue, Topeka KS 66612. KMS membership includes a one-year subscription for which $15 is allocated from each member's dues. Rates to others: $45/yr domestic; $50/yr foreign. Printed by The Ovid Bell Press, Inc., Fulton MO. Second class postage paid at Topeka KS and at additional mailing offices. POSTMASTER: Send address changes to KANSAS MEDICINE, 623 W. 10th Avenue, Topeka KS 66612.

Indexed in *Hospital Literature Index* and *Index Medicus*. Available through University Microfilms. Listed in *CC/Clinical Practice*. Search Resource for Institute for Medical Information, Inc., and Medical Search, Inc.

Copyright 1994 by the Kansas Medical Society. Permission to reproduce materials published herein must be obtained from KANSAS MEDICINE and the author(s). Although effort is made to publish only accurate articles and legitimate advertisements, KANSAS MEDICINE denies legal responsibility for statements, opinions or advertisements appearing under the names of contributors or concerns. Address all correspondence to: KANSAS MEDICINE, 623 W. 10th Avenue, Topeka KS 66612.



ABOUT OUR LOGO

In January 1935, a new logo appeared on the cover of KANSAS MEDICINE for the first time. This device represents two stethoscopes: the original monaural type as used by Läennec, and the modern binaural variety. The logo was designed expressly for KANSAS MEDICINE by renowned graphic designer Bradbury Thompson, a native of Topeka and friend of two former editors of the journal, Dr. W.M. Mills and Dr. Lucien Pyle. As another former editor, Dr. Orville R. Clark, wrote in January 1955, the logo "has become as much a part of the journal as any of the features on the inside and is something which is ours alone."

COVER STORY

This month we turn again to one of our favorite artists, Jim Hamil, for the cover subject. The sunflower, as the official state flower of Kansas, provides our state with one of its nicknames.

In days past, the legislatures of the Sunflower State and the Cornhusker State delighted in declaring each other's state flower to be a noxious weed. Fortunately, the lawmakers have been concentrating on more pressing issues lately, leaving the horseplay in the background. This is all to the good. After all, the sunflower has many year-round uses, while Nebraska's goldenrod is of value only to allergists — and then only during allergy season!

Our cover painting depicts the commercial growing of sunflowers. These jumbo hybrids yield plentiful seeds, which are used for both human and animal consumption (as bird watchers, we'd guess the birds eat far more than humans), and which are also pressed for their oil — a polyunsaturated fat used in cooking and baking.

As the accompanying poem attests, sunflowers are good not only for the heart, but also for the soul. Can that be said of goldenrod?

WHEN THE SUNFLOWERS BLOOM

I've been off on a journey; I jes' got home today;
I traveled east, an' north, an' south, an' every other way;
I seen a heap of country, an' cities on the boom,
But I want to be in Kansas when the
Sun-
Flowers
Bloom.

When all the sky above is jest ez blue ez blue kin be,
an' the prairies air a wavin' like a yaller driftin' sea,
Oh, it's there my soul goes sailin' an' my heart is on the boom
In the golden fields of Kansas when the
Sun-
Flowers
Bloom.

Albert Bigelow Paine

Fear and Its Antidote



"The only thing we have to fear is fear itself." This phrase from President Franklin Delano Roosevelt's first inaugural address in 1933 calmed a frightened public following the stock market crash of 1929. It was a time of economic chaos, when Americans faced an uncertain and not very bright future. How would they be able to survive? How could they support themselves and their families? What would become of them?

Many of us may be thinking those same thoughts as we look forward uncertainly to the coming health care reform. Will we survive in the same fashion as before? Will we be able to control our own destiny? Will we be able to provide quality care to our patients? Will we have a choice about whom we serve? These questions and many others make us fearful of the coming changes.

More and more often, it seems that our medical decisions and the way we run our practices are being controlled by outside forces. Insurance companies second-guess and, in many instances, dictate treatment. Governmental programs determine when to hospitalize and what surgical procedures can be done where. DRGs tell hospitals how much they can receive for various diseases and a similar system, RBRVS, is being implemented for physicians.

As confirmed by the increasing use of business managers in medical offices, physicians, as a rule, are not very good businessmen. I am told that we are either number one or number two on the "sucker list," right next to teachers. Perhaps members of both professions are too trusting. Often our investments lose, rather than make, money. (Perhaps Mrs. Clinton could give us some advice here.) The thing that we doctors want to spend our time on, and what we are eminently qualified to do, is take care of patients. That is what we know and can perform better than anyone else — be it insurance company, hospital or government.

Since the KMS House of Delegates, at the annual meeting last May, gave its approval to proceed with the development of a statewide physician-owned managed-care delivery system, the task force has worked diligently and speedily. Heartland Physicians Health Network, or Heartland Health, as the new venture is called, is designed to be patient-centered and user-friendly. Capitalization is necessary, just as it was when KaMMCO was formed. This will avoid allegations of antitrust activity. The cost per share is $2,000. Multiple shares may be purchased, but each investor will have only one vote.

The system will be flexible, as to both payment and the type of care to be provided, depending on the situation and desires of each community. No one system will work for all areas, so adaptability is a key feature of the plan.

The natural competition and fear of generalists versus specialists, rural versus urban and possibly even urban versus urban is unavoidable. We all have seen changes in the manner in which we practice medicine, in the way we are remunerated, in our relationship with hospitals, and in the growth of group practices. So by now we should expect change. We should also realize that some concessions or compromises will have to be made by everyone involved in the system, but we should be sure that any changes made are in the best interests of our patients.

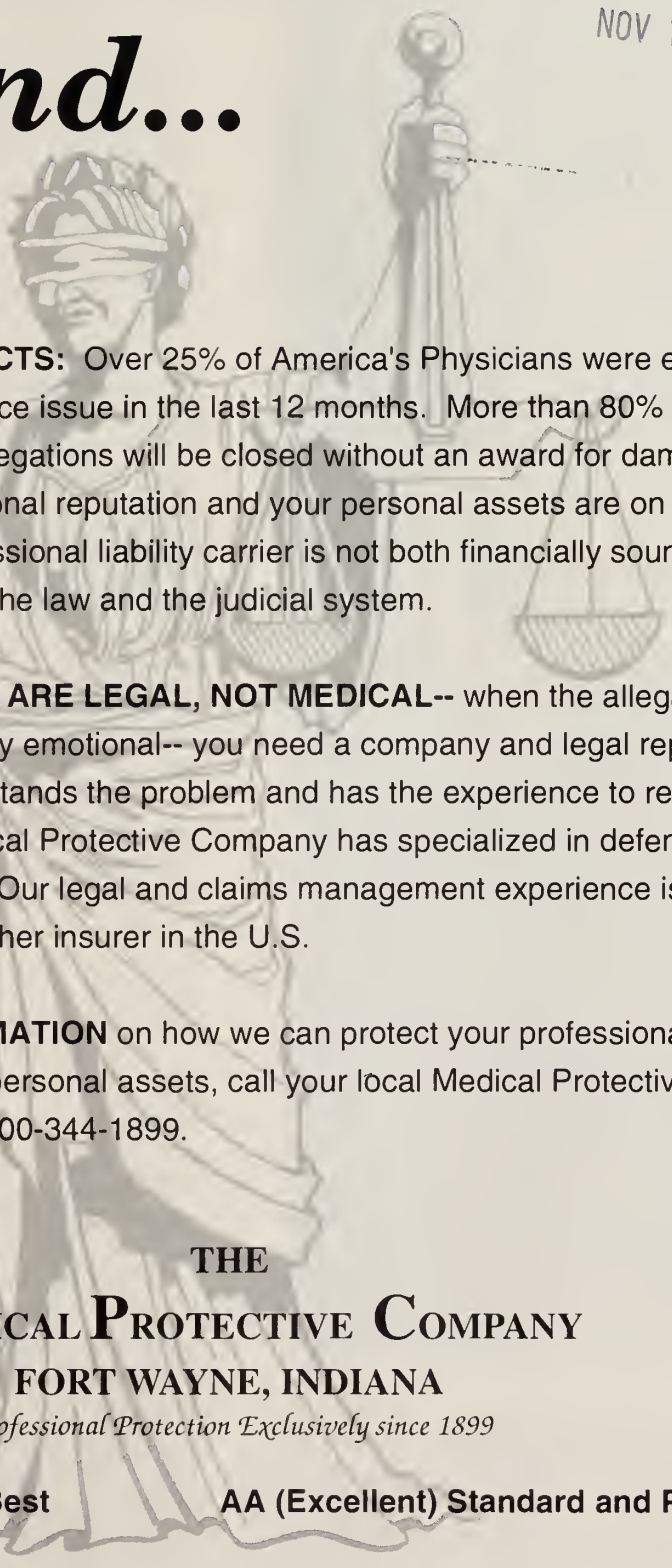
Several weeks ago, the Kansas Medical Society sent an information packet containing a prospectus to every member, and an informational program has been given at locations across the state. Now it is our turn to act. Please give the prospectus your full attention. Ask questions. Satisfy your curiosity and concerns. Make sure you have the answers you need in order to make the proper decision about the network. It represents an opportunity to be a participant in the changing face of health care, rather than an onlooker while other health care providers, the insurance companies and the government make the rules. Let's invest in the thing we know the most about: taking care of patients and being their advocate. Only we can provide quality care at an affordable price.

As Patrick Henry advised, we should hang together to avoid hanging separately. After 200 years that's still pretty good advice. It's a simple fact that in numbers there is strength, so the more members the network has, the more effectively it can work toward assuring quality, cost-effective medical care.

With the advent of Heartland Health, I really don't think we as a medical society or as individual physicians have a reason to fear change! W.E.M.

...a promise to defend...

NOV 1 4 1994



HERE ARE THE FACTS: Over 25% of America's Physicians were embroiled in a malpractice issue in the last 12 months. More than 80% of those malpractice allegations will be closed without an award for damages. Your professional reputation and your personal assets are on the line when your professional liability carrier is not both financially sound *and* experienced in the law and the judicial system.

WHEN THE ISSUES ARE LEGAL, NOT MEDICAL-- when the allegations are frivolous, or highly emotional-- you need a company and legal representation that understands the problem and has the experience to resolve the issue. The Medical Protective Company has specialized in defending doctors since 1899. Our legal and claims management experience is unmatched by any other insurer in the U.S.

FOR MORE INFORMATION on how we can protect your professional reputation and your personal assets, call your local Medical Protective General Agent at 1-800-344-1899.

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA
Professional Protection Exclusively since 1899

A+ (Superior) A.M.Best **AA (Excellent) Standard and Poor's**

The Practice of Medicine: The Best of Times, the Worst of Times



Each of us has our own frame of reference in terms of our practice of medicine. Mine began in 1976, when I resigned from the United States Air Force and moved to Hutchinson to begin a private practice in general psychiatry. At that point, there were no hassles. In particular, most patients paid out of their pockets, those who had insurance were few, and insurance billing was very simple. Most significantly, no one was telling me how to practice medicine.

However, there were some clouds on the horizon, harbingers of things to come. The first was the system I had left: military, or government, medicine. One of the reasons I left the Air Force was that, in that setting, I was working for a third party. I was paid by that third party, rather than by the patient, and that third party could then tell me how to practice. The focus of military medicine was on *control, consistency and predictability.* These were not bad goals, but they were the primary, almost the exclusive, focus. The system was a patriarchy, rather than a democracy. And significantly, in many cases there was a disruption of the physician-patient relationship.

The second cloud on the horizon was the emergence of utilization review and quality assurance. Hospitals were required to engage in the process. We were told (and I believe it was true) that it had to be done and if we physicians didn't do it, someone else would. However, we as physicians were not involved in the development of the process itself, and we were essentially used as conduits to pass down the rules and regulations and enforce them without having an input into their development. The result was medicine influenced by federal agencies where the focus, again, was on control, consistency and predictability.

The present practice of medicine might best be described as "the best of times and the worst of times." This is the best of times in that we know so much and are developing so rapidly in our scientific knowledge of the workings of the human body and the effects of pharmacological tools. And it is clear that these gains in knowledge and ability to treat our patients will continue to increase exponentially over the next several years.

On the other hand, it is the worst of times. There is someone — in fact, many someones — looking over our shoulders. These someones include governmental agencies, the Joint Commission for the Accreditation of Healthcare Organizations, insurance companies, the Kansas Foundation for Medical Care, fiscal intermediaries, managed care organizations, and hospital quality improvement committees. The question is: How much *value* do these organizations and agencies add to the process of medical care? Of real concern is the disruption of the partnership we once had with our patients. It seems that we now deal with third parties more frequently than with our patients. Additionally, fundamental healthcare decisions are not being made by physicians. At best, these decisions are being made by nurses, under policies determined by bureaucrats. At worst, they are made by high school graduates at computer terminals in Topeka, Kansas City, Los Angeles or New York. This is the result of a system focused on control, consistency and predictability.

Now we must also deal with health care reform. We are constantly reminded that health care reform is about costs. But in my opinion, the real issue is how to control, manage or govern the system: *how to, and who will.* The questions we have to answer are: will the system be managed and controlled by fiscal intermediaries: the data collectors, the information managers, the planners, or the politicians — or will it be managed and controlled by physicians? The Clinton administration's plan has some attractive, even seductive, features. However, it was developed by people in a think-tank environment, not by the workers — physicians. The Jackson Hole group was actually sponsored by the insurance industry, and from the very beginning there was a declared intent not to include physicians because *we* are a "special interest group"! (Would anyone dream of building a nuclear power plant without consulting nuclear engineers?)

Almost all of the current plans, both federal and

state, include fundamental healthcare decisions being made by boards or committees with little or no physician involvement. The focus is on managing the system. In my opinion, neither physicians nor organized medicine have completely accepted the reality or necessity of practicing medicine in systems of care. Nor have we been willing to assume responsibility for managing or governing those healthcare systems.

That brings us to the future. The best of times will continue, but will the worst of times get worse? There will be health care delivery systems with organizations at multiple levels, with the focus on financing or governance or control. But we physicians are the workers and add the value to the system. Our job is to focus on service. Clearly, there will be financial constraints.

We as physicians have several choices to make. Will we move down or up the ladder? Will we just be "vendors," or will we be partners with our patients? Who will control the system — those focused on service (physicians), or those focused on command and control? Will we as physicians recognize that it *is* the cost, "stupid"? Can we establish appropriate management or control over ourselves in our various systems? Will we be able to overcome our personal self-interest for the greater good of the system? Will primary care physicians and specialists be able to work together? Will urban and rural physicians be able to work harmoniously in a broad health care system? It is my opinion that the answer to all those questions is yes, and you will hear more from me on this topic in future messages.

Donald R. Blade, MD

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

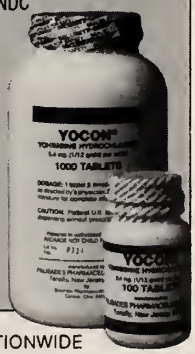
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
64 North Summit Street
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

New Legislation Affects Collection of Unpaid Debts

WAYNE T. STRATTON, J.D.,* *Topeka*



The 1994 session of the Kansas Legislature passed Senate Bill 564, which significantly alters Kansas law with respect to a creditor's right to collect attorneys' fees for unpaid debts and accounts. This bill, which was signed by the Governor and went into effect on July 1, 1994, makes two changes in Kansas law:

1. Consumer Credit Code

For a number of years, K.S.A. 16(a)-2-507 has prohibited charging of attorney fees in "consumer credit transactions" which are "a consumer credit sale, consumer lease, or consumer loan or modification thereof including a refinancing, consolidation or deferral." A consumer credit sale includes a sale of goods or services in which a) credit is granted either by a seller who regularly engages in credit transactions of the same kind; b) the goods or services are purchased primarily for personal, family or household purposes; and c) either the debt is by written agreement payable in installments or a finance charge is made and the amount financed does not exceed $25,000.

The statute has now been amended by SB 564 to provide that in consumer credit transactions, "the agreement may provide for the payment by the debtor of reasonable costs of collection, including, but not limited to, court costs, attorney fees, and collection agency fees." Such fees may not be in excess of 15% of the unpaid debt after default. Moreover, such fees may not include both collection fees and attorney fees. Likewise, such fees may not include collection costs incurred by a salaried employee of the creditor.

The debt created as a result of medical services being rendered to an individual will normally not be covered by this provision, since the rendering of such services is not termed a consumer credit transaction. There may be physicians, however, who enter into credit arrangements with patients following the rendering of medical services. In those cases, this provision may apply.

2. Agreement to Pay Attorney Fees in the Event of Default Upon Payment of a Debt

Historically, Kansas law has prohibited creditors from recovering attorney fees as part of the collection of a debt. The basis for this is K.S.A. 58-2312. The statute prohibited an attorney fee provision in any note or contract evidencing a debt. SB 564 amends this statute and repeals all of the old language so that it now specifically permits inclusion of collection/attorney fee provisions in any "note, mortgage or other credit agreement." However, provisions allowing for the costs of collection: a) may not include collection costs that were incurred by a salaried employee of the creditor; and b) may not include the recovery of both attorney fees and collection agency fees. It should be noted that, unlike the amendment to the Consumer Credit Code, there is no limitation in the amount of attorney fees and collection agency fees which may be charged, so long as the amount is "reasonable."

Some clinics may request patients or responsible representatives of patients to sign an agreement to pay the charges for the services which are rendered. Physicians might consider including a provision obligating the debtor to pay the costs of collection/attorney fees in their agreements. Such a provision should include language similar to the following:

"In consideration of the goods and/or services

*KMS Legal Counsel.

Comments appearing herein are not intended as a substitute for legal analysis or advice. Answers to legal questions depend largely upon the particular facts of a case. The reader is urged to consult an attorney for answers to specific legal questions.

These comments do not necessarily represent the views of KANSAS MEDICINE, or the Kansas Medical Society. For further information, contact Mr. Stratton, 515 S. Kansas, Topeka, KS 66603.

provided to the above-named patient by _____, the undersigned agrees to pay any and all charges related to the medical services rendered to, or on behalf of, the patient by _____. In the event this obligation is not paid upon request, the undersigned agrees to pay the reasonable costs of collection of the charges incurred, including (but not limited to) court costs, attorney fees and collection agency fees, except that such costs of collection:

1) May not include collection costs that are incurred by a salaried employee of _____; and

2) May not include recovery of both attorney fees and collection agency fees.

As with any new legislation, the courts will eventually interpret and explain these provisions in the future.

VOX DOX

Breast Cancer Detection

To the Editor:

I have read the scientific article "Breast Cancer Detection: Improving the Efficacy of Screening Mammography" by Drs. Brecheisen and Snyder (April issue). The article covers the historical development of mammography very nicely. I do have some concerns regarding this article, however. They are:

1) The screening guidelines as described in Table 1 are not current. The guidelines described there have been out of date for several years.

2) The cost of screening in Wichita is considerably less than the average price that was mentioned in the article. The average price is probably appropriate for the United States, but I would expect that the average screening price in Kansas, especially in the large metropolitan centers, is considerably less than the $100 to $125 mentioned. Since cost is being discussed as a barrier to solutions, it seems only appropriate that average charges in Kansas would be the appropriate cost to refer to for an article in this journal.

Mobile mammography in Texas could easily be able to lower cost where the average charge is greater than $100. That is not necessarily reflective of what can be accomplished in Kansas.

3) The statement that no female to date has been shown to develop breast cancer as a result of having undergone multiple yearly mammograms is probably misleading in that, given the large number of breast cancers in the population and the unlikely event that radiation could produce a breast cancer, it would be very difficult to prove or disprove the cause of a single isolated breast cancer.

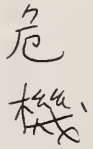
4) Most all of the established risk factors that are described in Table 2 are completely worthless in trying to determine who should and who should not have screening mammography. It may be interesting from a scientific point of view, but the low differential risk factors are of little value from a practical point of view. In regard to mammographic parenchymal patterns, most knowledgeable mammographers no longer consider the term dysplastic as a mammographic term, and I believe that it should not be used in relation to mammographic descriptions.

David D. Reed, M.D.
Wichita

Crisis + Opportunity = Confusion

To the Editor:

I am writing on your editorial in the May issue of KANSAS MEDICINE, where you indicate the Chinese characters for crisis and opportunity are almost identical. As you can see, they are not, but the word for danger in Chinese is a compound from two characters, one meaning "crisis" and the other meaning "opportunity." What the saying has become about these two pictographs together is that "in crisis, there is opportunity." But the compound still means "danger."



Marian C. Yee
Managing Editor,
San Francisco Medicine

We thank Ms. Yee for correcting the interpretation of the Chinese characters that make up the word danger. She correctly identifies them as meaning "crisis" and "opportunity." We apologize for not checking the source, but instead relying on memory alone. The sense of the paragraph is, however, the same: this time of crisis is also a time of opportunity, if we have the courage to go forward boldly. Our thanks to Ms. Yee not only for keeping us honest, but also for reading the editorial.

Are There Two Supporting Members in Your Family?



That you receive this magazine tells me you are a member of the Kansas Medical Society. But is your spouse a member of the Kansas Medical Society Alliance?

Did you know that...

- We are physicians' spouses dedicated to the health of Kansans;
- We are committed to support and assist the Kansas Medical Society;
- Our members give hundreds of hours as volunteers to local and state health and community organizations;
- Thousands of dollars are raised and donated to local health and community organizations;
- We have a network stretching across the state to send out newsletter updates and "legislative alerts" to keep our members politically informed;
- Through our AMA-ERF fund-raising, each year we give thousands of dollars for medical education in Kansas;
- We need your spouse to support us with membership in the Kansas Medical Society Alliance!

If you don't already know, take the time to ask your spouse if she or he is a member — and then choose to support our organization. Membership dues enable us to carry out our programs and make a positive effort for medicine in large and small comunities all across Kansas.

Please don't leave this up to "the other person." We need *your* spouse!

Nancy Craig

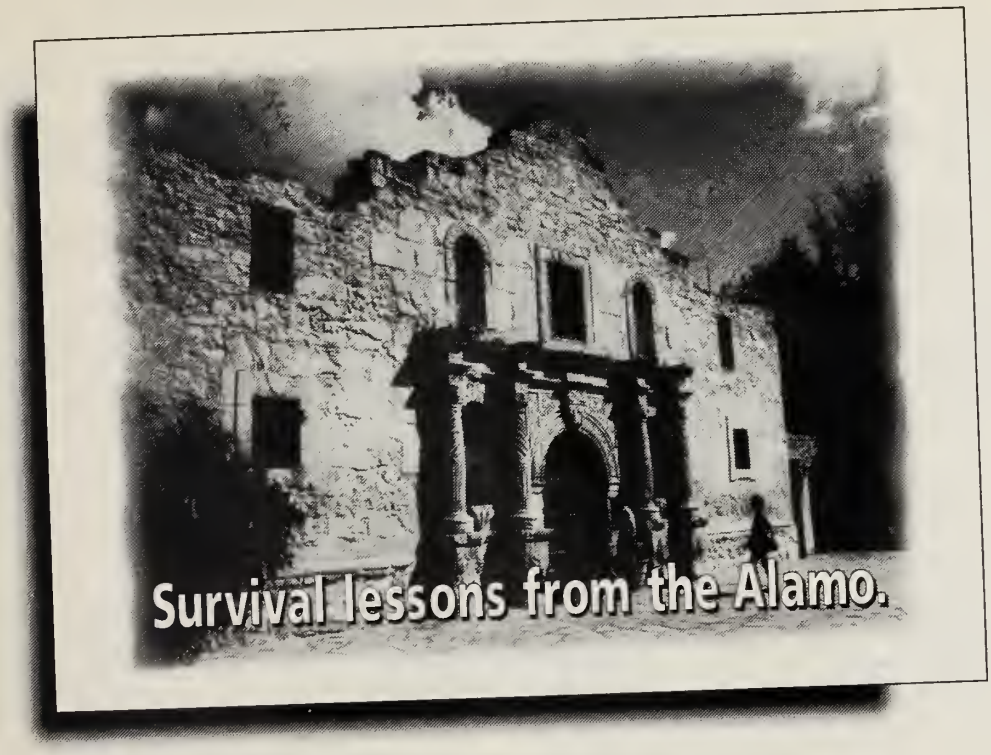
Yes, I will support the Kansas Medical Society Alliance and its activities by sending dues for my spouse.

Spouse's Name _____

Address _____

City _____ ZIP _____

Please send checks for $40.00, payable to KMSA, to Nancy Craig, #3 Hawthorne Ct., Newton, KS 67114.



Interactions

Medical Staff Leadership Conference — January 13-15, San Antonio, Texas

Health system reform might seem like a never-ending battle, but with leadership, vision, and perseverance, you and your medical staff can overcome any obstacle. Learn what it takes to succeed in today's rapidly changing environment. Come to *Interactions* in beautiful San Antonio, Texas, January 13-15.

Experience a new way of thinking about the future.

This year's conference, "Physician Empowerment and Teamwork in a Changing Environment," will help you experience a change of perspective on the 21st Century.

Learn how to manage change.

During *Interactions*, we will address emerging trends in health care delivery and how best to manage them. Among the trends we will discuss are:

- Physician/hospital relationships
- Economic competition
- Physician autonomy
- Resource allocation
- Regulatory constraints

Gain new leadership skills.

Special emphasis will also be placed on developing and refining your strategic planning, team building, and communication skills. Each participant will learn how to be a more effective arbitrator, facilitator, manager, negotiator, problem solver, and peacemaker.

Your team leaders.

Sponsored by the *American Medical Association,* in cooperation with the *National Association Medical Staff Services* and the *Texas Medical Association*, this conference features well known experts from the health care field.

Who should attend.

The curriculum is designed to benefit experienced and newly elected or appointed medical staff leaders, including: chiefs of staff, department chairs, vice presidents of medical affairs, medical staff committee chairs, and medical staff services professionals.* Bring a team from your hospital!

For more information or to register, call **800 621-8335.**

* The AMA designates the *Interactions* conference for 18 credit hours of Category 1 of the Physician's Recognition Award of the AMA.

American Medical Association
Physicians dedicated to the health of America

...dedicated to managing the costs of operating a medical practice

- allowing physicians to concentrate on the practice of medicine
- offering volume purchasing of forms, paper goods, and office equipment
- developing capacity to offer expert legal advice on contracts, reimbursement, and other legal issues

MSC
MEDICAL SERVICE
CORPORATION

A KaMMCO Company
Sponsored by the Kansas Medical Society

- providing physicians an advocate in areas of purchasing, compliance, and management
- providing practice monitoring, assessment, and complete office management
- acting as a proven advocate for physicians, endeavoring to create a unified voice in medicine

Wichita Office
400 N. Woodlawn, Ste. 106
Wichita, KS 67208
316-681-342S
Fax 316-681-3554

Shawnee Mission Office
8600 Shawnee Mission Pkwy., Ste. 30S
Shawnee Mission, KS 66202
913-262-8282 800-779-8201
Fax 913-262-8458

Topeka Office
623 SW 10th Ave., Ste. 200
Topeka, KS 66612
913-232-1015
Fax 913-232-4704



GET MORE FOR YOUR RESIDENCY.

Become an Air Force sponsored resident and remain in your training program while you enjoy the pay and benefits of an Air Force officer. Then serve two years as an Air Force physician or specialist...enjoying a great start without the financial/administrative burden of starting a practice. Find out how to qualify for Air Force residency. Call

USAF HEALTH PROFESSIONS
TOLL FREE
1-800-423-USAF

AIR FORCE

Human Listeriosis: Case Report and Review

REBECCA T. HORVAT, Ph.D.,* AND MUBASHIR A. ZAHID, M.D.,† *Kansas City*

Human listeriosis is often contracted from contaminated food and therefore can occur in outbreaks. *Listeria monocytogenes*, the causative agent of listeriosis, is found in water, soil, sewage and decaying vegetables. Numerous epidemics of listeriosis have been documented. These epidemics occur most often in the summer months and can often be traced to a food source such as unpasteurized dairy products, raw beef or pork, and cole slaw or packaged salads.[1-3]

Invasive disease with *L. monocytogenes* is usually sporadic and manifests as meningoencephalitis, bacteremia, and rarely with pleuropulmonary or other organ system involvement.[3,4] The most common clinical form of listeriosis is meningitis, which is responsible for about 1% of all cases of bacterial meningitis.[3,5] We describe a case of meningitis, bacteremia and possible pulmonary disease caused by *L. monocytogenes.*

History

In July 1993, a 67-year-old woman reported to her local emergency room with sudden onset of headache. She was discharged after symptomatic management. She returned four hours later with worsening headache, nausea and fever (102°F). She was confused and agitated. The patient was treated with intravenous antibiotics. However, her condition continued to deteriorate in the ensuing hours. She developed respiratory distress and was intubated en route to the University of Kansas Medical Center. The patient was a type II diabetic and possibly alcoholic. There was no known history of travel, exposure to ticks or tuberculosis. It was not known whether the patient had consumed raw meat or unpasteurized dairy products.

On arrival at the hospital, the patient was afebrile but tachypneic and tachycardiac. She was agitated, but without meningeal signs or focal neurologic deficit. A chest x-ray revealed bilateral infiltrates consistent with adult respiratory distress syndrome (ARDS). A peripheral blood white-cell count was 29,400/ml with 69% segments, 18% band forms, 7% lymphocytes and 6% monocytes. Electrolytes and renal functions were normal. Liver functions were slightly abnormal, with a total bilirubin of 1.6 mg/dL, alkaline phosphatase of 110 IU/L, aspartate aminotransferase (AST) of 88 IU/L, alanine aminotransferase (ALT) of 33 IU/L, and a gamma-glutamyltransferase (GGT) of 144 IU/L. The patient's blood glucose was 281 mg/dL.

Cerebrospinal fluid (CSF) was cloudy and xanthochromic. The CSF protein was 1,274 g/L; glucose was 1 mg/L. The total cell count in the CSF was 5,625/ml, with 97% polymorphonuclear leukocytes (PMNLs) and 3% mononuclear cells (Figure 1A). The gram stain of the fluid showed rare gram positive rods (Figure 1A). Latex agglutination of the CSF was negative for *S. pneumoniae, N. meningitidis, H. influenzae, Streptococcus* group B and *E. coli* K1 (Wellcogen Bacterial Antigen Kit, Murex Diagnostics Limited, Dartford, England).

Cultures of both the blood and CSF grew a motile gram-positive rod as the only bacterial isolate (Figure 1B). The bacterium was found to be catalase-and esculin-positive. When tested for carbohydrate fermentation, it utilized maltose but not mannitol or xylose. It was thus identified as *L. monocytogenes.*

The patient was treated intravenously with ceftriaxone, 2 grams every 12 hours; and with ampicillin, 2 grams every 4 hours. She remained afebrile for five days, showing improvement of the leucocytosis, but did not regain neurologic function. On the sixth hospital day, fever and leucocytosis recurred. She developed multi-organ failure with gastric hemorrhage and died on hospital day seven. The family declined an autopsy.

Discussion

L. monocytogenes is a motile gram-positive bacillus that can be isolated from numerous environmen-

*Dept. of Pathology and Laboratory Medicine, KUMC-KC
†Dept. of Medicine, Div. of Infectious Diseases, KUMC-KC
Address correspondence to Dr. Horvat at Clinical Laboratory, KUMC-KC, 3901 Rainbow Boulevard, Kansas City, KS 66160.

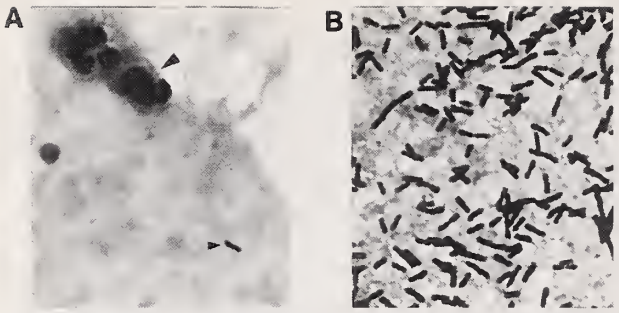


Figure 1. Gram stain of organism from cerebrospinal fluid and blood. (A) Direct Gram stain of cerebrospinal fluid. Large arrow shows the numerous polymorphonuclear leukocytes seen in the direct Gram stain. The small arrow shows the gram-positive bacilli noted in the direct Gram stain of the cerebrospinal fluid. (B) Gram stain of the bacteria grown from the positive blood cultures.

tal sources. It can cause infections in pregnant women, newborns, elderly individuals and immunosuppressed patients. However, listeriosis is infrequently reported in patients affected with acquired immunodeficiency syndrome (AIDS). Although these patients have a profound impairment of their cellular immunity, the incidence of *L. monocytogenes* infection in AIDS patients is only 0.2%.[6] In the general population, the incidence of invasive listeriosis is reported to be 3.6 to 7.4 cases per million, with an overall mortality rate of 23%.[1,3]

Most reported cases of listeriosis in the United States occur in older adults, with a significant male preponderance.[1,3] The major risk factors for listeriosis are pregnancy (which is not often associated with meningitis), diabetes, alcoholism, renal or hepatic failure and advanced age. In addition, individuals with impaired cell-mediated immunity, such as patients with cancer, transplant recipients and those taking immunosuppressive drugs, are at risk for *L. monocytogenes* infections.[3,6] Our patient had three risk factors for listeriosis: diabetes, advanced age and possible alcoholism.

L. monocytogenes is usually ingested with contaminated food. The incubation period of listeriosis ranges from days to weeks. Symptoms of meningeal infection with *L. monocytogenes* may vary from an abrupt onset to a slow development over several days. Common symptoms are high fever, headache, vomiting and decreased consciousness. In some cases, the patient has focal neurologic deficits, nuchal rigidity, seizures, ataxia and personality changes. Meningoencephalitis with or without bacteremia is the most common systemic manifestation of listeriosis. Cerebrospinal fluid is often purulent, with white-cell counts varying from 100 to 10,000 cells/ml.[1,6] The CSF glucose level is usually normal, but can be low, mimicking acute pyogenic meningitis. A low glucose level may correlate with poor prognosis,[7] as seen in this case.

Rare instances of *L. monocytogenes* causing pneumonia and pleural effusion have been reported.[4,7] The patient described here developed extensive pulmonary infiltrates and acute respiratory failure. Listeria pneumonitis was suspected, but not documented by respiratory cultures. Unfortunately, an autopsy was not done to confirm pulmonary involvement with *Listeria*.

There are no symptoms specific for listeriosis. Thus, clinical suspicion in high-risk populations is the only key. Prompt institution of therapy is essential. Ampicillin, alone or in combination with an aminoglycoside, is the drug regimen of choice. Other antimicrobials, including rifampin, chloramphenicol, tetracycline and erythromycin, are less satisfactory alternatives. Third-generation cephalosporins, now a standard therapy for acute bacterial meningitis, have poor bactericidal activity against *L. monocytogenes*.[3] Neither cephalosporins nor quinolones are recommended for the treatment of listeriosis. Isolated reports have shown successful treatment of *Listeria* infections with vancomycin.[9] This drug may offer a reasonable alternative, but data on this regimen are limited. The recommended duration of therapy varies from two to six weeks, depending on the site of infection, severity of disease and clinical response.[1,3]

In conclusion, we describe an instructive case of *Listeria* meningoencephalitis and bacteremia that proved fatal and demonstrates that this pathogen should be considered in high-risk patients. Prompt recognition and empiric therapy are necessary to prevent the mortality associated with *L. monocytogenes* infections. The commonly used cephalosporins, beta-lactam agents and quinolones are ineffective therapy for listeriosis. The penicillins and sulfonamides are appropriate therapy for *Listeria* meningitis and should be used as first-line agents.

REFERENCES

1. Ashinsky D. Listerial meningitis: Which patients are vulnerable. *Postgrad Med* 1992;92:191-93.

2. Watkins J, Sleath KP. Isolation and enumeration of *L. monocytogenes* from sewage, sewage sludge, and river water. *J Appl Bacteriol* 1981;50:1-9.

3. Cherubin CE, Appleman MD, Heseltine PNR, Khayr

(Continued on page 192.)

CTD: Carpal Tunnel Syndrome, The Facts and Myths

J. MARK MELHORN, M.D.,* *Wichita*

Occupational diseases affect 15 to 20% of all Americans. Cumulative trauma disorders account for 56% of all occupational injuries. The recognition and control of occupational injuries have become a major concern of employees, employers, medicine and the federal government. Many myths about work-related injuries have developed because of the difficulty of integrating individual risk factors with risk factors in the workplace. Recent studies demonstrate that occupational diseases are multi-factorial in etiology and that a specific job may not be the primary cause for occurrence. Prevention through reduction of risk levels has become the preferred treatment goal. Assessing individual risk factors provides the best opportunity to attain the goal of prevention.

History

The documented history of cumulative trauma disorders (CTDs) is vague. Although discussions of diseases of the human soft tissue date back to the Greeks, Ramazinni specifically described a work injury relationship over 200 years ago.* Ergonomic tools were first developed in the early 1700s. Today we have a better understanding of the workplace and of the limits on the human body, but the dose relationships or tolerance thresholds for an individual remain questionable.

Evaluating dose relationships or tolerance levels is difficult because each individual brings a different set of risk factors to the workplace. Although the workplace may appear the same through ergonomic assessments of the environment or demographic studies of its people, the workplace is uniquely experienced by the individual.

The terms cumulative trauma disorder (CTD), repetitive trauma disorder (RTD), repetitive stress injury (RSI) and overuse syndrome have been used interchangeably. Only CTD and RTD are considered medical conditions. These diagnoses are frequently described as being related to occupational factors that often develop over time as a result of constant work actions. These disorders, involving damage that may be temporary or permanent to the soft tissues of the human body, have specific symptoms. Each type of soft tissue injury allows for further categorization by the anatomic structure that is primarily involved. Within the upper extremity, these diagnoses can be classified into five disorder groups: muscle, tendon, nerve, vascular, and bone.

The overall incidence rate and prevalence of CTDs are unknown. Following are some generally accepted facts. The National Institute for Occupational Safety and Health (NIOSH) estimates that 15 to 20% of Americans are at risk for developing CTDs, and that one million people employed at some time during 1988 had self-reported, medically attended carpal tunnel syndrome. CTDs accounted for 56% of all workplace illnesses in 1990, compared to 21% in 1982, according to the Bureau of Labor Statistics (BLS). In 1990, 185,400 cases of CTD were reported to the BLS, an eight-fold increase from 1982. The OSHA Office of Ergonomic Support notes that 33 to 40% of people receiving worker's compensation have musculoskeletal workplace injuries, and that the figure increases with the worker's age. Approximately 56% of occupational illnesses may be related to repetitive motion.*

In September 1992, a Kemper Insurance representative stated in a presentation that prevention of CTD in the workplace requires comprehensive employee training and conservative treatments "only with guidelines from a consulting physician." The article quoted her as saying, "The medical tests available to diagnose CTD include history, physical examination, vibrometry, and nerve conduction tests (which are painful, sophisticated, and expensive). Based on insurance data, traditional surgery has a success rate of 50% and

*Section of Orthopaedics, Department of Surgery, UKSM-Wichita

Address correspondence to Dr. Melhorn at The Hand Center, P.A., 625 N. Carriage Parkway, Suite 125, Wichita, KS 67208-4510.

endoscopic surgery is still questionable in its results."*

Because of the alarming increase, every industry has concerns about CTDs. State and federal organizations have established groups; industry has established health programs; medicine has established education and health guides; and OSHA has established mandatory reporting and on-going workplace modifications to try to change CTD trends. Industry has recognized CTDs as its greatest risk to productivity and profitability. Most efforts have still focused on the overall problems instead of the individuals who make up the base of the pyramid, but monitoring of the individuals' response to the workplace will have the greatest effect on these presently increasing trends.[1]

Carpal Tunnel Syndrome

The most commonly described and diagnosed condition of CTD is carpal tunnel syndrome (CTS). CTS was first described by Sir James Paget in 1854; in 1913, Marie et Foix described the pathologic changes of the median nerve; in 1938, Moersch coined the name of the syndrome; in 1946, Cannon and Love described the first series of patients with median nerve compression.* While electrodiagnostic studies and vibrometry are widely used to confirm the diagnosis of CTS, physical examination is at least 85% accurate in making the diagnosis.*

The usual symptoms of carpal tunnel syndrome are weakness or clumsiness in the hand, hypesthesia or paresthesia in the distributions of the median nerve, aggravation of the symptoms as the patient uses the hand, awakening from sleep with numbness in the fingers, pain in the wrist or distal forearm, and possible upper arm or shoulder pain.* Provocative signs on clinical examination and the history are the key considerations for making the correct diagnosis. Thenar atrophy is a late sign and signifies significant permanent functional loss.

Numerous medical conditions associated with CTS include rheumatoid arthritis, thyroid imbalance (particularly myxedema), acromegaly, multiple myeloma, amyloidosis, diabetes mellitus, local trauma to the wrist, alcoholism, hemophilia, local tumor, hormonal changes associated with menopause, pregnancy, pleonosteosis, gout, and a variety of anatomical anomalies.*

The pathophysiology of CTS is due to the swelling of the flexor tendons in the carpal tunnel. As the swelling occurs, the vascular supply to the median nerve is compromised. As the nutrient and oxygen supplies are decreased, the nerve slowly loses the ability to transmit nerve impulses. Scar and fibrous tissue eventually develop within the nerve. Depending on the stage of injury, changes to the nerve and muscles may be permanent.*

If the progression of injury can be altered with modifications to the workplace or with conservative medical treatment, the tendonitis may resolve before developing into CTS. The conservative treatment for CTS may include splinting, casting, injections, oral nonsteroidal anti-inflammatory medications, exercises and workplace modification. If the progression of injury continues, the treatment becomes surgical. The goal of surgery is to increase the space for the flexor tendons and the median nerve. Surgical treatment frequently results in improvement of the nerve function, both clinically and electroneurographically, but surgery does not necessarily return nerve function and feeling to normal. Subjective complaints frequently persist after the surgery. Postoperative management may include wrist immobilization from 1 to 14 days, during which time the patient is encouraged to use the hand.* Early mobilization and use of the hand speeds recovery and improves long-term functional capacities.* The usual postoperative course is characterized by an almost immediate relief of pain and some improvement in the sensation of the fingers if the patient does not have axonotmetic or neurotmetic lesions of the median nerve. After the initial — and usually dramatic — improvement in sensation, the patient experiences some slight decrease in improvement (about one week post-operatively). Improvement will again be realized after this transient partial relapse. Following carpal tunnel surgery, strengths generally return to 50% of normal by four weeks and to 75% by eight weeks, with endurance requiring six months; swelling at the base of the thumb can be expected to persist for 12 to 16 weeks, and maximum improvement to the nerve occurs around 18 months.*

Prevention

Risk prevention has become the goal of medicine, and many medical and epidemiological studies are being published on CTD and CTS.[1-4*] The focus of many of these studies has been job task-oriented, reviewing the human-machine interface. When analyzing the upper extremities, usually only six components are reviewed. These

components include: posture, motion, force, repetition, temperature and vibration. Unfortunately, these studies tend to be machine-or environment-oriented, instead of people-oriented.

Many industries have responded to increasing concerns about CTS by implementing prevention programs and by studying the causes of workplace neuropathies. Commercial enterprises now manufacture and widely advertise products for keyboard operators to prevent and treat numb fingers.* Work stations that control lighting, layout and body positions now minimize risks for CTDs.*

New systems, such as map monitoring, allow for the evaluation of people before and after machine and environment changes. Map monitoring allows for the direct assessment of the risk level for the individual, not the assessment of the nonhuman workplace.[1]

As a result of these studies, the relationship of CTS to occupation has been questioned for decades.* Many researchers[5,6*] assumed that CTS was caused by the job; however, recent studies demonstrate inconsistencies with this hypothesis. CTD and CTS are the result of multiple human factors.[2-4,7,8*]

Consideration of occupation as the primary causation poses four inconsistencies: 1) CTD patients come from many different job categories, not just occupations involving forceful or highly repetitive use of the upper extremities; 2) the majority of workers in any given occupation within a particular industry do not experience CTS; 3) the relatively short average duration of employment of worker's compensation patients with CTS (the Oregon worker's compensation data 93 showed that one third of all CTS claims were for individuals who had been employed for one year or less, and one half of all CTS claims were for individuals who had been employed for three years or less); and 4) major discrepancies exist between subjective CTS symptoms and nerve conduction studies (NCSs). Nearly 50% of women under 40 years of age who were referred for evaluation of CTS symptoms did not have abnormal NCSs; the majority of individuals describing classic CTS symptoms in only one hand had bilateral NCS abnormalities.[7-10*]

Assessing Risk

To better understand the multiple factors involved in the causation of CTD and in specific CTS, many studies have been undertaken.* The goal has been to try to establish a method of detection of risk factors to allow for prevention programs for individuals. One study has used a medical model that includes a combination of questionnaire, physical examination and testing.[1] This system of monitoring reviews over 300 human factors to establish an "at-risk level" for each upper extremity. Initial results indicate a 95% correlation between the risk level and a diagnosis of CTD.* In a second study, 15 factors were reviewed using linear correlations between 10 individual factors and five job related factors comparing maximum latency difference as a probable and definite carpal tunnel syndrome diagnosis in 3,429 hands.[7] The factors, in order of importance, follow: maximum latency difference, body mass index, age, wrist depth/width ratio, duration of employment, specific job, hand dominance, avocational exercise level, nationality, height, repetitions, occupational hand use. Protective factors included duration of employment, avocational exercise level, nationality, height and repetitions.[7] In a third study, a self-administered test was used for the diagnosis and epidemiologic study of CTS. The conclusion was that the hand symptom diagrams were a useful diagnostic tool but did not replace the formal history and physical examination.*

Summary

Recognition of the need for risk control of occupational injuries and prevention programs has led to many new studies demonstrating that occupational diseases are multifactorial in etiology, and that a specific job may not be the primary cause for occurrence. As a result of the many causes, myths about work-related injuries have developed. CTDs are the majority of occupational injuries. Individual risk factors are a better predictor of development of CTD and CTS than are job-related factors. Risk for carpal tunnel syndrome is closely related to general physical condition. Improved general health and health prevention programs may reduce an individual's risk level for developing a cumulative trauma injury. Risk measurement systems now allow employers to establish programs with measurable results. Since assessing the individual risk factors provides the best opportunity to attain the goal of prevention, the next step is for employee, employers, insurance carriers and the medical profession to establish concurrent prevention programs based on human risk factor evaluation systems.

(Continued next page.)

Information for Authors

Manuscripts must be typewritten, double-spaced, leaving wide margins. The original plus one copy should be submitted. Manuscripts are received with the explicit understanding that they are not simultaneously under consideration by any other publication. Publication elsewhere may be subsequently authorized at the discretion of the editor.

Brief, concise **articles** are preferred; an ideal manuscript will not exceed five double-spaced pages. All material will be edited by the editorial staff to assure clarity, good grammar and appropriate language, and to conform to KANSAS MEDICINE style and format. When feasible, material may be condensed.

The author will be asked to review the **galley proof** prior to publication. Although editing and proofreading will be done with care, the author is responsible for accuracy of material published. The galley proof is for correction of ERRORS; rewriting of material *must* be done prior to submission. Authors are urged to check manuscripts and galley proof carefully for errors that could result in inaccurate information.

Drugs should be referred to by generic names; trade names may follow in parentheses if useful. All **units of measure** must be given in the metric system.

KANSAS MEDICINE will print a maximum of **ten references.** All references should be keyed with superscripts in the text in the order cited. If more than ten sources are cited, readers will be referred to the author for the complete list.

Illustrative material must be identified by its referral number in the text and be accompanied by a short legend. **Photos** should be black-and-white glossy prints. **Tables** should be self-explanatory and should supplement, not duplicate, the text.

KANSAS MEDICINE will assume the cost of black-and-white figures and tables for two units. A unit is defined as ¼ page. The author(s) will be billed for additional units at cost.

A **reprint** order form with a table showing estimated cost will be sent with the galley proof. Reprints must be ordered by the author through KANSAS MEDICINE, and will be billed to the author following shipment.

REFERENCES

* (Denotes historical references available from the author upon request.)

1. Melhorn JM. CTD: The map monitoring prevention program. Kiros Research Society 3rd Annual Meeting, Florida, 1991.
2. Melhorn JM. CTD at risk factors. Kiros Research Society 2nd Annual Meeting, Utah, 1990.
3. Nathan PA, Meadows KD, Doyle LS. Occupation as a risk factor for impaired sensory conduction of the median nerve at the carpal tunnel. *J Hand Surg* 1988;13B:167.
4. De Krom MCTFM, Kester ADM, Knipschild PG, et al. Risk factors for carpal tunnel syndrome. *Am J Epidemiol* 1990;132:1102-10.
5. Armstrong TJ, Chaffin DB. Carpal tunnel syndrome and selected personal attributes. *J Occup Med* 1979;21:481.
6. Franklin GM, Haug J, Heyer N, et al. Occupational carpal tunnel syndrome in Washington State, 1984-1988. *Am J Publ Health* 1991;81:741.
7. Nathan PA, Keniston RC. Carpal tunnel syndrome and its relations to general physical condition. *Hand Clin* 1993;9(2): 253-61.
8. Nathan PA, Keniston RC, Myers LD, et al. Longitudinal study of median nerve sensory conditions in industry: Relationship to age, gender, hand dominance, occupational hand use, and clinical diagnosis. *J Hand Surg* 1992;17A:850.
9. Nathan PA, Meadows KD, Doyle LS. Occupation as a risk factor for impaired sensory conduction of the median nerve at the carpal tunnel. *J Hand Surg* 1988;13B:167-70.
10. Silverstein BA. Cumulative trauma disorders of the upper extremity: A prevention strategy is needed. *J Occup Med* 1991;33:642-45.

HUMAN LISTERIOSIS

(Continued from page 188.)

W, Stratton CW. Epidemiological spectrum and current treatment of listeriosis. *Rev Infect Dis* 1991;13:1108-14.

4. Mazzulli T, Salit IE. Pleural fluid infection caused by *Listeria monocytogenes*: Case report and review. *Rev Infect Dis* 1991;13:564-70.
5. Durand ML, Calderwood SB, Weber DJ, et al. Acute bacterial meningitis in adults: A review of 493 episodes. *N Engl J Med* 1993; 328:21-28.
6. Berenguer J, Solera J, Diaz MD, Moreno S, Lopez-Herce JA, Bouza E. Listeriosis in patients infected with human immunodeficiency virus. *Rev Infect Dis* 1991;13:115-19.
7. Gellin B, Broome C. Listeriosis. *JAMA* 1989; 261:1313-20.
8. Bouvet E, Suter F, Gilbert C, Witchitz J. Severe meningitis due to *Listeria monocytogenes*: A review of 40 cases in adults. *Scand J Infect Dis* 1982;14:267-70.
9. Blatt SP, Zajac RA. Treatment of listeria bacteremia with vancomycin. *Rev Infect Dis* 1991;13:181-82.

Repetitive Use Injury: Diagnosis, Treatment and Prevention

ALLEN J. PARMET, M.D., M.P.H.*

With the development of advanced production techniques which increase efficiency and productivity, workers are often required to perform high-intensity repetitive motions. Such use is apt to result in repetitive use injury (RUI), the third most costly form of workers compensation injury, averaging over $39,000 per claim.[1] RUI, of which carpal tunnel syndrome is archetypic, is produced by highly repetitive or forceful actions at awkward or extreme postures, or by exposure to vibration. The resultant soft tissue microtrauma occurs at a rate in excess of the rate of natural repair. Thus, the duration of the exposure or repetitive motion is critical. The incidence of RUI increases markedly at exposures greater than 6 hours per day and more than 30 hours per week at repetitive work.[2]

The most notable of the productivity advances is the replacement of the typewriter with the word processor. In bygone days, there were natural breaks in the typist's work, from stopping at the end of a line for manual carriage return to reloading paper. With today's word processors and computers, a typist can literally type from beginning to end of a book without stopping. This prolonged repetitive work often occurs at an awkward keyboard configuration and while sitting in a suboptimal posture. The standard typewriter keyboard, called a QWERTY (for the first six letter keys in the top row, was created intentionally to slow typists down and avoid key jams. The resultant keyboard requires typists to move their fingers off the home row more than 70% of the time. An alternate keyboard called the Dvorak places 70% of all letters typed o the home row, thus minimizing the additional strain and motion for typists and allowing them to go much faster with less stress and effort. Despite the Dvorak's introduction in 1936, there has been little effort to change, although software can be purchased, for under $30, that permits virtually any word processor to be reconfigured to a Dvorak.[3,4]

*Address correspondence to the author at St. Luke's Occupational Medicine, 2025 Swift St., North Kansas City, MO 64116.

The most debilitating form of RUI is carpal tunnel syndrome. Repetitive motion of the flexor tendons produces tenosynovitis which, in turn, compresses the median nerve as it traverses the highly confined space bounded by the arch of the wrist bones and the transverse carpal ligament (flexor retinaculum). Symptoms include numbness and tingling in the median nerve distribution, which includes the palmar aspect of the thumb, first and second fingers, and the thenar half of the fourth finger.[5] Loss of function of the thenar muscles and Raynaud's phenomenon may occur.

Prevention of carpal tunnel syndrome and RUI among typists should include "microbreaks": one to two minutes of stretching the upper extremities and neck every 30 minutes. Body position should also be optimized. Typists should sit straight with lumbar support, in a comfortable chair, with their knees bent approximately 90 and feet flat on the floor. Hyperflexion should be avoided. The keyboard height should be comfortable. Video display terminals, if used, should be centered directly ahead, at chin height and 20 inches from eyes. Presbyopic workers may require special reading glasses adjusted to a distance of 20 inches (not the usual 14 inches).

Easy preventive measures can be applied to many repetitive jobs. For example, prolonged standing may be eased by using a shock-absorbing, slip-resistant mat. Lifting is best performed from a comfortable position with the knees flexed, lumbar spine straight, and wrists in the neutral position, using handles. When repetition cannot be avoided, workers can rotate the tasks.[6]

The mainstay of treatment for RUI is alteration of the causative factors. Splinting and oral antiinflammatory agents are useful in an acute flare-up. Local injection of glucocorticosteroids offers good short-term effects, but fewer than 25% of patients obtain long-term relief.[7] Entrapment neuropathies, best confirmed by electromyograms and nerve conduction studies, are usually

HIGH-QUALITY HUNTING FOR DISCERNING SPORTSMEN

WILD AND RELEASED PHEASANT, WILD QUAIL

Do-it-yourself to full-service hunts, $150-$350. Includes use of roomy, comfortable lodge and kitchen facilities.

• Excellent birds on 3,000 acres of mixed grass, cropland and creek bottoms along Shoo Fly Watershed.

• Small groups & individual hunter attention our specialty.



For more information, call:
Allan Helsel, President
The Hunnewell Hunting Club
RR1, Box 9
South Haven, KS 67140

316-892-5821 (9-3, M-F)
316-892-5869 (after 7:30 p.m., any day)

12th Annual Cardiovascular Symposium

Cardiac Care: A Spectrum of Management Strategies

Friday, Nov. 4, 1994

Wichita Marriott Hotel

Featuring Marianne Legato, MD, author of *"The Female Heart: The Truth About Women and Heart Disease,"* an award-winning book on cardiovascular disease for the public in 1992.

- Network with top cardiac researchers
- Attend sessions presented by renowned faculty
- Take advantage of a free lipid and chemistry profile
- Visit informative vendor displays
- Learn innovative computer uses

This program is accredited for 7 hours, AMA Category 1; 7 prescribed hours AAFP. 8 contact hours are available to nurses.

To register call 316-268-5196.

ST. FRANCIS REGIONAL MEDICAL CENTER
WICHITA, KANSAS

treated by an open release procedure, whereby 80% of patients obtain symptomatic benefit. Endoscopic release has a higher complication rate and a lower success rate.

Clearly, the best approach to RUI remains prevention, either through changing the nature of the job, or by making ergonomic adjustments for the worker.

REFERENCES

1. Fefer RA. *Fortune* 1992;125(13):80.
2. Bernard B. Upper Extremity Musculoskeletal Disorders among Newspaper Employees. NIOSH-AOCH Conference, April 24, 1993, Atlanta.
3. MACQWERTY-Toggle Conversion between Mcintosh Keyboard and Dvorak. Paragon Courseware, 4954 Sun Valley Rd., Del Mar, CA 92014; 619-481-1477.
4. ACUTYPE-Toggle Conversion for IBM Keyboards to Dvorak. AcuBusiness Systems, 819 West 5th St., Winona, MN 55981; 507-452-4887.
5. Schenck RR. Carpal tunnel syndrome. *AAOHN J* 1989;37(6):226-31.
6. Cseuz KA, et al. Long-term results of operations for carpal tunnel syndrome. *Mayo Clin Proc* 1966;41:232-41.
7. Dawson DM. Entrapment neuropathies of the upper extremities. *NEJM* 1993;329(27):2013-18.

ACUTE QUADRIPLEGIC MYOPATHY

(Continued from page 196.)

REFERENCES

1. MacFarlane IA, Rosenthal FD. Severe myopathy after status asthmaticus. *Lancet* 1977;2:615.
2. Hirano M, Ott BR, Raps EC, et al. Acute quadriplegic myopathy: A complication of treatment with steroids, nondepolarizing blocking agents, or both. *Neurology* 1992;42:2082-87.
3. Ramsay DA, Zochadne DW, Robertson DM, et al. A syndrome of acute severe muscle necrosis in intensive care unit patients. *J Neuropathol Exper Neurol* 1993;52:287-398.
4. Lacomis D, Smith TW, Chad DA. Acute myopathy and neuropathy in status asthmaticus: Case report and literature review. *Muscle & Nerve* 1993;16:84-90.
5. Sher HH, Shafig SA, Shutta HS. Acute myopathy with selective lysis of myosin filaments. Neurology 1979; 29:199-206.
6. Van Marle W, Woods KL. Acute hydrocortisone myopathy. *Br Med J* 1980;281:271-72.
7. Rouleau G, Karpati G, Carpenter S, et al. Glucocorticoid excess induces preferential depletion of myosin in denervated skeletal muscle fibers. *Muscle Nerve* 1987;10:428-38.
8. Carpenter S, Massa R, Karpati G. Depletion and reconstitution of thick myofilaments in steroid-treated rat solei after denervation and reinnervation. *J Neurol Sci* 1990; 98:377.
9. Dubois DC, Almon RR. A possible role for glucocorticoids in denervation atrophy. *Muscle Nerve* 1981;4:370-73.
10. Op de Coul AAW, Lembregts PCLA, Koeman J, et al. Neuromuscular complications in patients given Pavulon (pancuronium bromide) during artificial ventilation. *Clin Neurol* 1985;87:17-22.

CASE OF THE MONTH

Acute Quadriplegic Myopathy

MICHAEL S. HANDLER, M.D.,* *Kansas City*

Acute quadriplegic myopathy (AQM) is a recently described and, as yet, under-appreciated entity that afflicts patients treated in intensive-care settings. It is believed to result from a toxic drug synergism, most often involving a corticosteroid and a nonpolarizing neuromuscular blocking agent such as pancuronium. It is not known what other drugs may share this potential toxic effect, and in a few cases, such as this one, nondepolarizing neuromuscular blocking agents had not been given.

Clinical Presentation

A 24-year-old white male sought medical attention for severe dyspnea. Chest x-ray revealed a 15-cm mediastinal mass, and a subsequent bronchoscopic biopsy disclosed a poorly differentiated embryonal carcinoma. The patient received radiation therapy (3,100 rads), dexamethasone 4 mg QID, and aminophylline, followed by a course of chemotherapy consisting of cis-platinum, bleomycin and etoposide. Aminoglycosides were started for suspected pneumonia. Within a few days the patient developed marked generalized weakness without myalgias. A muscle biopsy was obtained 18 days later. At the time of biopsy, the serum CPK was elevated to 650 IU/L. During his second course of chemotherapy, the patient developed marked neutropenia and opacified lung fields, as seen by chest x-ray. Broad-spectrum antibiotics were reinstituted, and eventual resolution of the pulmonary infiltrates followed, except in the perimediastinal region, where persistent opacifications were attributed to radiation fibrosis. The patient was discharged, but was readmitted two days later for extreme weakness. He was intubated and died one week later.

Multiple transverse sections of the formalin-fixed and snap-frozen skeletal muscle biopsy were prepared with conventional and histochemical techniques and showed scattered angular atrophic myofibers that contained granular, slightly basophilic cytoplasm (Figure 1). Many of these atrophic myofibers appeared dark or stained with a peculiar mottled pattern on the ATP'ase preparation at pH 4.6 (Figure 2). A few myofibers had little or no reaction to ATP'ase staining at any preincubation (pHs 4.3, 4.6 or 9.4). Many of the most atrophic fibers stained intensely with the succinic dehydrogenase reaction. Ultrastructural examination disclosed Z-band streaming and showed that the intermyofibrillar spaces were focally disrupted by irregular vacuoles containing glycogen and membranous debris (Figure 3). In these areas, H-bands could not be identified, indicative of myosin filament loss.

Discussion

Acute quadriparesis following high-dose steroid therapy was first described in 1977[1] and subsequently reported in 39 additional patients (including the present case), using a variety of names.[2-4]

Most commonly, patients are chronic asthmatics who, despite corticosteroids, aminophylline and broad-spectrum antibiotics, develop respiratory insufficiency necessitating intubation and mechanical ventilation. Pancuronium-like medications are usually administered at this time so the patients will not "fight" the ventilator. Shortly afterwards the patients experience severe, diffuse weakness with atrophy and become difficult to "wean off" mechanical ventilation. Some patients experience myalgias. Sensation, mentation and cranial nerve function are not affected. Cerebrospinal fluid studies have been unrevealing. Electromyographic and nerve conduction studies have shown no consistent pattern. CPK determinations have been moderately to markedly elevated in 23 patients and normal in 7. Nine patients died, most often from their primary disease, but the cause of death in two patients was not determined. The remaining patients improved once the offending drugs were discontinued, and 16 patients achieved full recovery.

All 40 AQM patients received high-dose steroids. Thirty-seven patients were also given a nondepolarizing neuromuscular blocking agent, most commonly pancuronium. Nineteen of these patients were treated with aminoglycosides. Two

*Address correspondence to the author at Dept. of Pathology and Laboratory Medicine, KUMC, 3901 Rainbow Boulevard, Kansas City, KS 66160-7410.

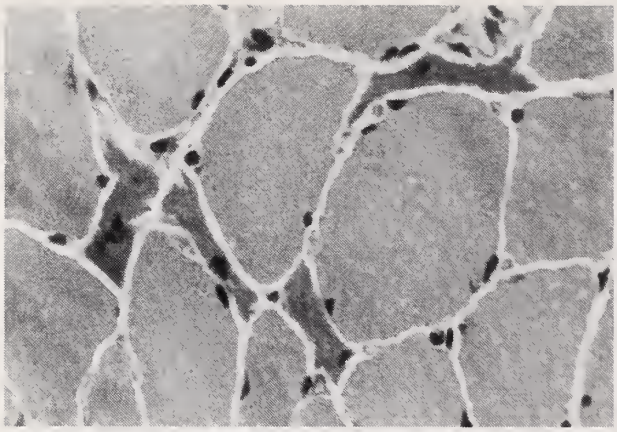


Figure 1. H&E-stained cross-section showing frequent angular atrophic myofibers. (mag: 1,000x)

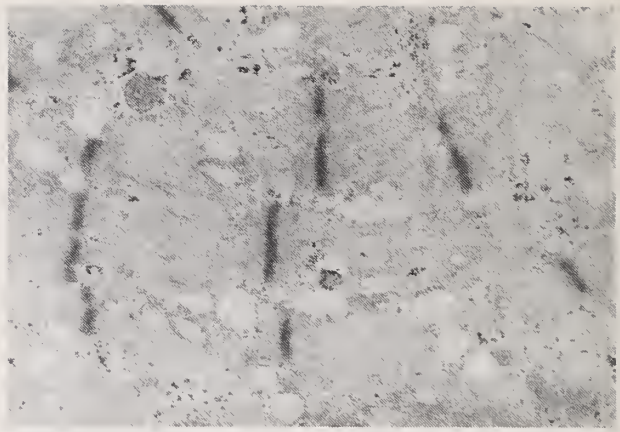


Figure 3. Electron microscopy showing Z-band streaming, myosin loss and vacuoles containing glycogen and cellular debris. (mag: 30,000x)

patients were treated with high-dose steroids and an aminoglycoside in the absence of nondepolarizing neuromuscular blocking agents.[5] The drug history for the remaining patient is not well documented, but it is noteworthy that this patient required intubation, was treated with antibiotics, and was allergic to penicillin.[6]

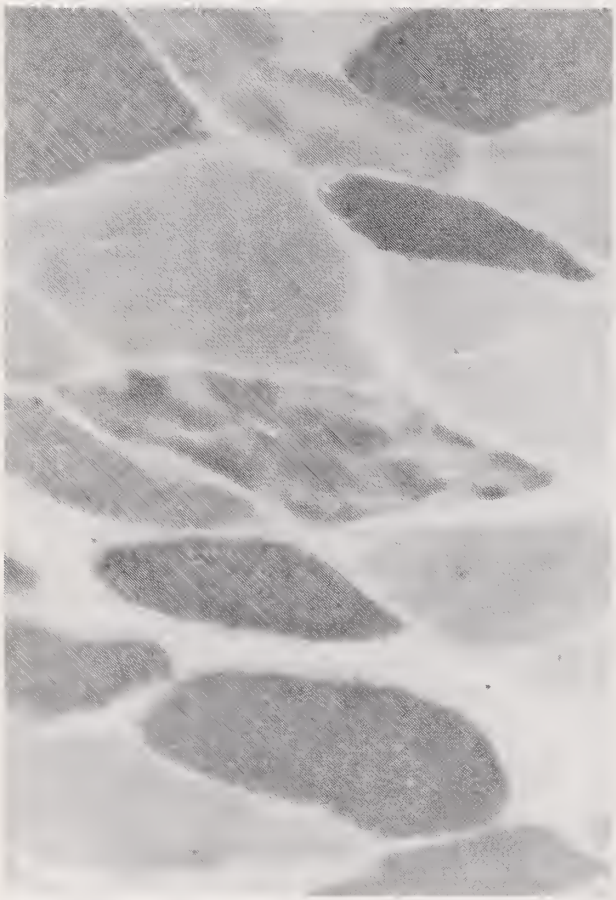


Figure 2. ATP'ase preparation, pre-incubated at pH 4.6, showing mottled staining pattern of affected myofiber. (mag: 1,000x)

AQM is believed to result from a toxic synergism between corticosteroids and a nondepolarizing neuromuscular blocking agent, most commonly pancuronium. Animal studies suggest that denervated myofibers increase the number of their steroid receptors.[7-9] Nondepolarizing neuromuscular blocking agents may, via a similar mechanism, increase the myopathic potential of corticosteroids. Aminoglycosides, which have a curare-like effect on neuromuscular function, may potentiate the toxic synergistic effect of corticosteroids and pancuronium-like medications. In the absence of nondepolarizing neuromuscular blocking agents, the effects of aminoglycosides on neuromuscular function may have a similar and sufficient effect to elicit the same myopathic syndrome. Such a role was first suggested by Op de Coul,[10] but it has since received little attention. Other commonly used drugs such as tetracycline, lindomycin, polymyxin, lithium and magnesium sulfate may also cause neuromuscular blockade and may, therefore, induce or exacerbate this myopathy.

Corticosteroids, nondepolarizing neuromuscular blocking agents, aminoglycosides and the other medications mentioned above are commonly employed in intensive-care settings. Thus, AQM is probably not rare, but under-appreciated. In this regard, it is of interest that two additional cases of AQM have been identified in this medical center since this report was first prepared.

(Continued on page 194.)

Immunization Coverage Rates Among Two-Year-Olds in Kansas

As part of the Comprehensive Childhood Immunization Initiative, national goals for immunization coverage rates among two-year-olds have recently been revised. By 1996, 90% of two-year-olds should be vaccinated with one dose of measles, mumps and rubella vaccine (MMR1); three doses of oral polio vaccine (OPV3); at least three doses of diphtheria, tetanus, and pertussis vaccine (DTP3); and at least three doses of Haemophilus influenzae type B vaccine (HIB3). In addition, 70% of two-year-olds should have received three doses of hepatitis B vaccine (HBV3). Interim goals for 1994 and 1995 for each vaccine have also been developed.

The new goals represent a departure from previously stated goals that focused on full coverage with three vaccines (i.e., DPT4 + OPV3 + MMR1). Setting goals for each vaccine allows immunization programs to concentrate efforts on those vaccines most in need of coverage improvement and is more compatible with how immunization coverage is usually measured at school entry.

In order to assess immunization coverage rates in Kansas, each year the Kansas Department of Health and Environment conducts a retrospective survey among children entering kindergarten. For the 1993-94 school year, 11,139 records of kindergarten students were reviewed for immunization status at the time of their second birthday. The data are therefore approximately three years out of date by the time they are collected, since most children entering kindergarten are five years old.

Results of the 1993-94 retrospective survey indicate that Kansas has come close to reaching the interim goals for DTP3, MMR1 and OPV3 for 1994 (see Table). When the data are broken down by county, 91 (87%) of the 105 counties in the state have reached the 1994 goal of 80% coverage for DTP3, 59 (56%) counties have reached the goal of 85% coverage for MMR1, and 57 (54%) counties have reached the goal of 75% coverage for OPV3.

Unfortunately, there are no data available from schools regarding coverage rates for HIB and HBV vaccines, since neither is currently required for kindergarten entry. Coverage rates in Kansas for these two vaccines are expected to be available in late 1995 from a national survey conducted by the Centers for Disease Control and Prevention. However, based on data from clinic assessments of vaccine providers in both the public and private sectors, it appears that HIB3 vaccine coverage rates are close to the 1994 goal of 75%. HBV3 vaccine coverage rates among two-year-olds are estimated to be extremely low (<5 percent), since the state immunization program is currently providing this vaccine to only 2 counties (Sedgwick and Wyandotte) in the state. It is doubtful that HBV coverage rates will have increased significantly by October, when the immunization program is able to distribute the vaccine statewide.

Recent changes in the immunization schedule (OPV3 is now recommended to be given at 6 months of age, and MMR1 is recommended as early as 12 months of age) are expected to im-

(Continued next page.)

IMMUNIZATION COVERAGE RATES AT 2 YEARS OF AGE AMONG CHILDREN ENTERING SCHOOL IN KANSAS IN 1993-1994 AND NATIONAL GOALS FOR 1994-96

Vaccine	*Kansas 1993-1994*	*Goals for the United States*		
		1994	*1995*	*1996*
DTP3	86	80	85	90
MMR1	81	85	90	90
OPV3	74	75	85	90
HIB3	—	75	85	90
HBV3	—	30	50	70

ARE YOU
MOVING?

To ensure uninterrupted delivery of KANSAS MEDICINE, please let us know your new address at least 6 weeks before you move. Send this form to Kansas Medicine, 623 W. 10th Avenue, Topeka, KS 66612.

OLD ADDRESS:

(Please affix mailing label here.)

NEW ADDRESS, as of _____
(DATE)

Name _____
(IF IT HAS CHANGED)

Address _____

_____

City _____

State _____ ZIP + 4 _____

Telephone (_____) _____
(FOR PUBLICATION IN DIRECTORY)

RETIRING MEMBERS, please fill in the information requested below if you wish to continue receiving KANSAS MEDICINE. You need not include your telephone number.

OLD ADDRESS:

(Please affix mailing label here.)

NEW ADDRESS, as of _____
(DATE)

Address _____

_____

City _____

State _____ ZIP _____

prove coverage rates for these two vaccines. It is now possible for a child who is age-appropriately vaccinated to receive the primary series of all of the recommended childhood vaccines (i.e., DTP4, OPV3, MMR1, HIB3 or 4, and HBV3) by 12 months of age. Since immunization coverage rates have traditionally been much better during the first year of life than during the second, it is hoped that use of this accelerated immunization schedule will insure that more children are completely immunized by their second birthday.

Reported by: Immunization Section, Bureau of Disease Control, Kansas Department of Health and Environment

CME OPPORTUNITIES

Infection Control: The Geriatric Patient. Friday, October 21, 1994, Kansas City; 5 hrs. cat. 1 credit. Call Bixby Inst., 800-821-5140, ext. 4306.

Symposium on OB/GYN. Oct. 27-28, 1994, St. Louis. Call Washington U. Sch. of Med., 800-325-9862.

JCAHO National Forum on Health Care Quality. Oct. 26-29, Chicago; CME credits available. Call 708-916-5800.

Genetics & Atherosclerosis: Current Clinical Applications. Wed., Nov. 2, 1994, Kansas City, MO; 2.5 credit hrs. Call KU Med. Ctr., 913-588-4488.

KUMC Annual Lipid Symposium. Nov. 2, 1994, Kansas City, MO. Call KU Med. Ctr., 913-588-4488.

Cardiac Care: A Spectrum of Management Strategies. Fri., Nov. 4, 1994, Wichita; 7 hrs. cat. 1 credit. Call St. Francis RMC, 316-268-5196. See ad on p. 194 for more information.

Neurology for the Primary Care Physician. Nov. 5, 1994, Sacramento, CA; 7 hrs. cat. 1 credit. Call UC Davis Sch. of Med., 916-734-5390.

Am. Pain Society Annual Mtg. Nov. 10-13, Miami Beach; CME credits available. Call APS, 708-966-5595.

Trauma and Emergency Med.: Veterans of the Trenches. Fri., Nov. 11, 1994, Kansas City, MO; 5 hrs. cat. 1 credit. Call Bixby Inst., 800-821-5140, ext. 4306.

Anesthesiology Update. Nov. 11-13, 1994, Monterey, CA; up to 14 hrs. cat. 1 credit. Call UC Davis Sch. of Med., 916-734-5390.

Meckel's Diverticulum

DONALD STALLMAN, M.D., AND DAVID BRECKBILL, M.D., *Wichita*

A 10-year-old female sought medical care for a one-year history of loose stools. Her last stool was the first her parents realized was bloody, but the patient stated that several previous stools had contained blood. She also complained of headache and dizziness. On physical exam, she was noted to be very pale, but the exam was otherwise unremarkable. Complete blood count (CBC) revealed hemoglobin of 4.4 (normal: 12-16 gm/dl), mean corpuscular volume 58 (normal: 82-100 fl), and mean corpuscular hemoglobin concentration 32.1% (normal: 32 to 36%).

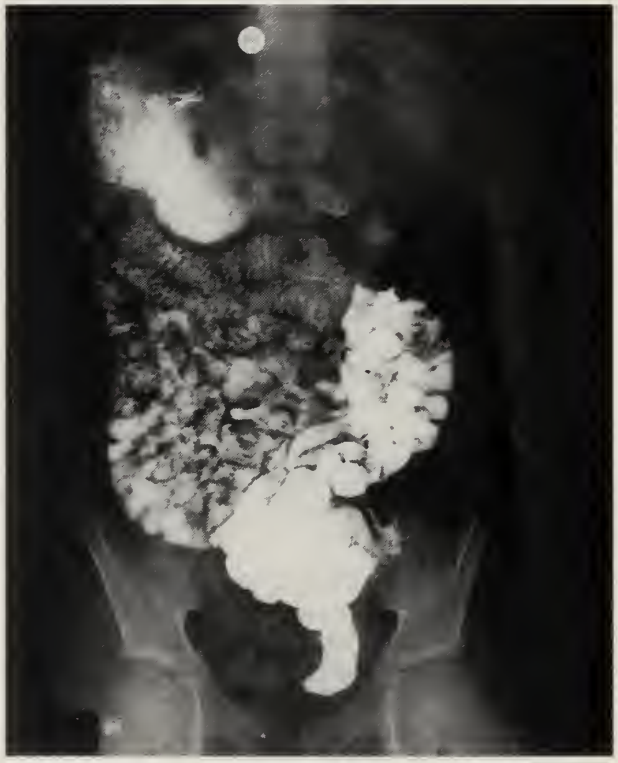


Figure 1.

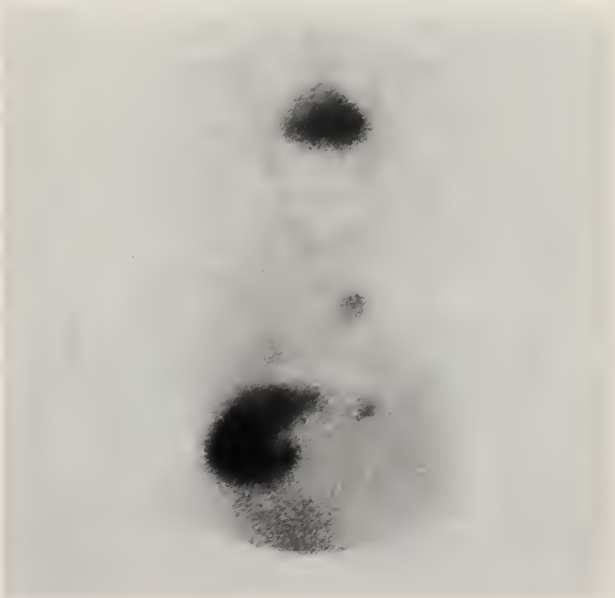


Figure 2.

Imaging Findings

Barium examination of the upper GI tract showed normal esophagus, stomach and proximal small bowel, but small bowel follow-through revealed a blind pouch in the right pelvis, most likely on the antimesenteric border of the distal ileum (Figure 1). This was noted to have peristalsis at fluoroscopy. Meckel's scan, performed with radioactive 99mTc pertechnetate, showed the classic pattern of a focal site of increased uptake in the right mid-abdomen, the activity level of which mimics stomach activity (Figure 2). At laparotomy, a Meckel's diverticulum was removed (Figure 3).

Discussion

Meckel's diverticulum is the most common anomaly of the gastrointestinal tract, present in 1.5 to 4% of the population. Clinical symptoms occur in 20 to 30% of those cases; these often include painless rectal bleeding in infants and children. In nearly all cases with bleeding, the diverticulum contains gastric mucosa. Meckel's diverticulum is best visualized by nuclear imaging, the Meckel's scan. Plain supine and erect films of the abdomen might show signs of intestinal obstruction or free air, but are more often unremarkable. Barium study of the small bowel is usually nondiagnostic, but if a diverticulum is

Address correspondence to the authors at Dept. of Radiology, UKSM-Wichita, 550 N. Hillside, Wichita, KS 67214-4976.



Patient surveys make it clear. Your patients want to know more about their medicines, e.g., how and when to take them, for how long, precautions and side effects. Don't disappoint them.

The National Council on Patient Information and Education (NCPIE) has **free** materials to help you ***"Communicate Before You Medicate."***

Write to: **NCPIE**
666 Eleventh Street, NW
Suite 810D
Washington, DC 20001

To fax your request —
(202) 638-0773





Figure 3.

identified, it will be on the antimesenteric side.

Meckel's scan with 99mTc pertechnetate has a 95% specificity for detection of a Meckel's diverticulum containing gastric mucosa. Accuracy for ectopic gastric mucosa is 98%. Pertechnetate ion (TcO_4) is accumulated by mucous cells of the gastric mucosa and is secreted into the lumen of the bowel. The exam can be enhanced by the use of glucagon, cimetidine, or pentagastrin. Glucagon inhibits peristalsis, thereby decreasing dilution of the tracer. Cimetidine inhibits pertechnetate secretion from the mucous cells to the lumen, trapping the tracer within the cells. Pentagastrin inhibits gastric secretion directly, and is reserved for those cases when the routine study is negative, but clinical suspicion is high. A Meckel's scan should be performed before the barium study, as barium will attenuate the emitted radiation. If it must be performed after a barium study, pertechnetate imaging should be delayed until the barium has cleared.

Medical Information Searches

RONALD DAVIS, M.D.,* *Wichita*

There is always that one piece of information the physician would like to have, that certain component of the physical examination that would be helpful to know more about, or the latest clinical information on a disease, condition or medication. With a busy schedule, time is critical. How can the physician get the needed answers without taking too much time?

There are several sources that can be accessed directly with one's own computer: MedLine, Grateful Med, and Loansome Doc make use of the National Library of Medicine in Bethesda, Maryland (see KANSAS MEDICINE, October 1993, pp. 264-67.) Silver Platter, Cambridge Compact Disk and even Internet are also useful. There have been efforts to establish an electronic journal, but these have not been successful.

Another quick and effective method is to consult a medical information retrieval specialist: the medical librarian. Through a visit to the nearest medical or public library, a physician can learn what is available and how best to take advantage of it.

Once you know what is there, a systematic approach such as that outlined below will keep the search time brief.

The first step is to define what you want. If it is a specific article, you'll need at least some of the following: journal title, author, article title, volume, issue number, month/year, pages. The more information you have, the faster the search will be.

For the common situation in which a literature search is needed, the following will help the librarian: The general number of citations desired, any specific data bases, date limitations, human or animal studies, age range of patients in study, and the language. Even with incomplete information, the librarian can conduct a search.

Since time and cost are factors in electronic searches, it is important to limit the search. For example, if you need the information by a certain time, then this should be made known, as should any cost constraints. The time required to obtain the information and its cost depend on the source of the information and copyright restrictions. Generally, there is either no charge or a charge of $5 to $10 for the search and citations. A network access and interlibrary loans are used, with the closest and least expensive sources used first. There may be a local phone number, and in Kansas there is also a toll-free number: 800-332-4193. This connects the caller to the Dykes Library of the Health Sciences at the KU Medical Center in Kansas City. The staff there can direct the physician to local support services or provide services directly.

While many factors are adding to the demands for medical information, old and new barriers exist that separate it from the practicing physician. Old barriers include the lack of readily available journals, texts and audiovisual materials. New barriers are the growing demands on physicians' time and the increasing cost of information. Journal subscription costs are increasing at a rate of 6 to 8% annually for public libraries; 12% for medical libraries; and 15% for university libraries.

There is a great demand for library services. At the University of Kansas School of Medicine-Wichita, the library provides 8,000 items annually to its patrons and loans 3,500 items to other institutions across the country.

Medical librarians emphasize that they are not medical experts; they are medical information retrieval experts. The physician is the final authority on the value of the information. Librarian also note that there is no feedback mechanism to help them evaluate the efficiency and effectiveness of their efforts. This is somewhat of a handicap because it makes improvement of services more difficult.

As the demand for specific and timely information increases, librarians and physicians need to form a partnership to use new technology to bring the results of research to the front line so we may best serve our patients. Concepts such as just in time, point of sale, total quality improve-

*Address correspondence to Dr. Davis at Family MedCenter, 315 N. Hillside, Ste. B, Wichita, KS 67214.

EXTRA COPIES

Additional copies of the 1994 membership directory are available. Why not keep one near every phone in your office?

The price for members is $21.18 each; $52.95 each for non-members. These prices include sales tax. There is no additional charge for shipping.

To order, write or call Mary Ann Starbuck at:

Kansas Medical Society
623 SW 10th Ave.
Topeka, KS 66612-1627

913-235-2383, or 800-332-0156

ment, continuing medical education, evidence-based learning and embedded information systems all will have a place in the future electronic and paper medical information system. The physician and the librarian must work together to bring about the full potential of medical research for improving clinical practice.

COUNCIL DISTRICT MEETINGS

District 13 Meeting. Thurs., Oct. 27; Smoky Hill CC, Hays, 6:30 p.m.

District 7 Meeting. Tues., Nov. 1; Emporia CC, 6:00 p.m.

District 10 Meeting. Mon., Nov. 7 (location to be announced); 6:30 p.m.

District 9 Meeting. Tues., Nov. 15; Salina CC (time to be announced).

District 11 Meeting. Tues., Dec. 13; Olive Tree Restaurant, 2949 N. Rock Rd., 6:00 p.m.

Districts 2 & 3 Joint Meeting. Tuesday, Dec. 13 (time and location to be announced).

District 15 Meeting. Tues., Feb. 14, Dodge City CC (time to be announced).

Many Kansas Wells Are Unwell

Your patients whose drinking water comes from a well may be exposed to high rates of nitrate, lead, bacteria and pesticide contamination, according to testing just completed by KDHE. Kansas' broadest private well survey to date indicates half the wells tested contain coliform bacteria, one fourth exceed health guidelines for nitrate, almost one in five contains the pesticide atrazine, and about one in 20 exceeds lead guidelines.

The survey, funded by the CDC, examined the 1993 flood's impact on water supplies. KDHE tested an average of 10 wells in each of the 105 Kansas counties. The agency is still studying the test results to determine whether the counties most affected by last year's flood have more problem wells, and whether certain types of wells are more prone to contamination. A well's location near farming or feedlot operations will also be examined.

About half of all Kansans get their drinking water from groundwater, and nearly 90 percent of rural Kansans rely on one of 14 groundwater areas for drinking water. Wells tap into these underground supplies and, in turn, pollutants can enter these groundwater areas through wells and contaminate them.

Faulty well construction or maintenance, poor location, accidents, repairs without follow-up disinfection, or a combination of these factors can result in *E. coli* contamination. Where *E. coli* bacteria are present, water should not be used for drinking, dishwashing or food washing until it has been boiled.

A "Well Water Fact Sheet," containing a bibliography of information on correcting well problems, is available from KDHE, Government and Community Relations, Landon State Office Building, Room 1051, Topeka, Kansas 66612-1290.

KANSAS MEDICAL SOCIETY
623 SW 10th Ave. • Topeka, Kansas 66612 • (913) 235-2383
WATS 800-332-0156 FAX 913-235-5114

To: Retiring Members

From: KANSAS MEDICINE Staff

Re: Subscriptions

Retired members of the Kansas Medical Society may receive the journal at no cost. This is not an automatic subscription, however. Since not all members who retire wish to continue reading medical journals, we send KANSAS MEDICINE only to those who request it. If you would like to receive the journal upon your retirement, please complete the form below and return it to the medical society, attention of Susan Ward.

I am retiring as of_____(DATE) and would like to receive KANSAS MEDICINE.

Name _____

Street _____

City _____ State _____ Zip _____

Date _____

CLASSIFIED ADVERTISEMENTS

Classified advertisements are $7.50/line for KMS members; $9.50/line for non-members; 5-line minimum. Payment must accompany copy. Deadline is 20th of the month preceding month of publication. Box numbers are available at no charge. All advertisements are accepted subject to approval by the Editorial Board.

THORACIC AND GENERAL SURGEON wishes to relocate to western Kansas. Desires partnership or loose association. Contact through Jackie, 816-478-7891.

EXPLORE THE POSSIBILITIES! We are currently seeking primary care physicians specializing in Family Medicine, Pediatrics, Occupational Medicine, Internal Medicine, and OB/GYN for a variety of group practices throughout the Midwest and New York State. Surgical and subspecialty physicians are also needed for a variety of locations. We represent practices in all types of settings in communities of every size. New opportunities become available every month. Whether a practice change is imminent, or just a future consideration, we have the information you need. Call 1-800-243-4353, or write to Strelcheck & Associates, Inc., 10624 N. Port Washington Road, Mequon, WI 53092.

ASSOCIATE PHYSICIAN: Women's Health Care. Compassionate physician, male or female, with surgical experience (FP, surgery, EM, OB/GYN) to participate in first- and early-second-trimester (14 weeks) abortion practice. Two to four Saturdays/month in Wichita, Kansas. Fee for service and no overhead. Send resume to George R. Tiller, M.D., Medical Director, WHCS, 5107 E. Kellogg, Wichita, KS 67218.

TIME FOR A MOVE ?
FP, IM, OB/GYN, PEDS...

"We won't sell you on a practice - if we don't have it, we'll find it."

Kansas 40+ Cities:		National 750+ Cities:	
Kansas City	Jacksonville	Atlanta	Houston
St. Louis	Columbus	Richmond	El Paso
Chicago	Cincinnati	Syracuse	Boston
Springfield	Louisville	Birmingham	Nashville
Alton	Little Rock	Lincoln	Florence
Evansville	Wichita	Cleveland	New Orleans
Indianapolis	Dallas	Des Moines	Tampa

We cover every community in the country
New openings daily!

The Curare Group, Inc.
(800) 880-2028, fax (812) 331-0659
M-F 8am-7pm, Sat 12-4 CST

TIRED of on-call responsibilities and days that blend together with no family time in between? Are you frustrated that you have become more of a businessman than a clinician? Emergency Medicine allows you a set schedule, guaranteed income and the elimination of administrative costs & headaches, while you practice the art of medicine. Opportunities exist in several locations throughout Central & Western Kansas that will allow you to pursue your career as you had intended. Professional liability insurance can be procured on your behalf. Join the expanding field of emergency medicine and leave the business world behind. Call Brian Nunning at 1-800-326-2782 for a confidential, non-obligatory discussion of settings and volumes, or fax your CV in confidence to 314-291-5152. Coastal Emergency Services of St. Louis, Inc.

EMPORIA, KANSAS. A BC FP with Clinical and Administrative Emergency Department experience is sought for the Medical Directorship at Newman County Memorial Hospital. Excellent compensation and full benefits. NCMH is undergoing a major renovation that will take the hospital into the 21st century. Be a part of the exciting world of Emergency Medicine in a facility dedicated to both patient and physician satisfaction. Contact Brian Nunning at Coastal Emergency Services of St. Louis, Inc. at 800-326-2782.

TIRED OF on-call responsibilities and burdensome practice management? Are you frustrated dealing with insurance companies and non-physician administrators? Working at the Fort Riley, Kansas, Community Hospital as a Family Practitioner might be just the position for you. The position offers regular 8-hour days without weekend or evening call, guaranteed income, signing bonus, plus generous benefit package working for the U.S. Government as a civilian physician. The area offers outdoor recreation unsurpassed by most midwest locations, as well as the cultural opportunities of a progressive university community with a great public school system. Interested, call Dr. Botkin at 913-239-7107, Irwin Army Community Hospital, Fort Riley, Kansas. An EOE.

BC/BE GENERAL SURGEON needed to join surgeons in very lucrative practice covering 60,000 trade area. Surgeon interested in medical missions preferred. Arrangements negotiable. Send resume to Regional Surgical Associates, 3520 Lakin, Great Bend, KS 67530; 800-598-0650.

Hospital Medical Staff Section
24th Assembly Meeting
December 1-5, 1994
Sheraton Waikiki Hotel
Honolulu, Hawaii

Representation Education and Networking

Send a representative from your hospital medical staff and physician organization to the 1994 Interim American Medical Association Hospital Medical Staff (AMA-HMSS) Assembly Meeting held on December 1-5 in Honolulu. Aside from participating in the development of AMA policy, representatives will have an opportunity to network with colleagues, dialogue with the AMA Board of Trustees, and hear the latest news and information on health system reform.

With a changing health care environment, broader diversity within the physician population, limited resources, and an overriding need for unity of purpose and action by organized medicine, the AMA has undertaken a study of the Federation.

Federation Consortium Study

The study, involving county, state and specialty societies, the AMA, and other related organizations, intends to uncover useful information for developing ways to increase membership, member participation, and advocacy as well as improve communications, medical society performance, and resource utilization.

Project leaders have asked the AMA-HMSS to participate in the process because it effectively represents grassroot physician concerns. Input from each HMSS representative also will be extremely valuable in defining organized medicine in the future.

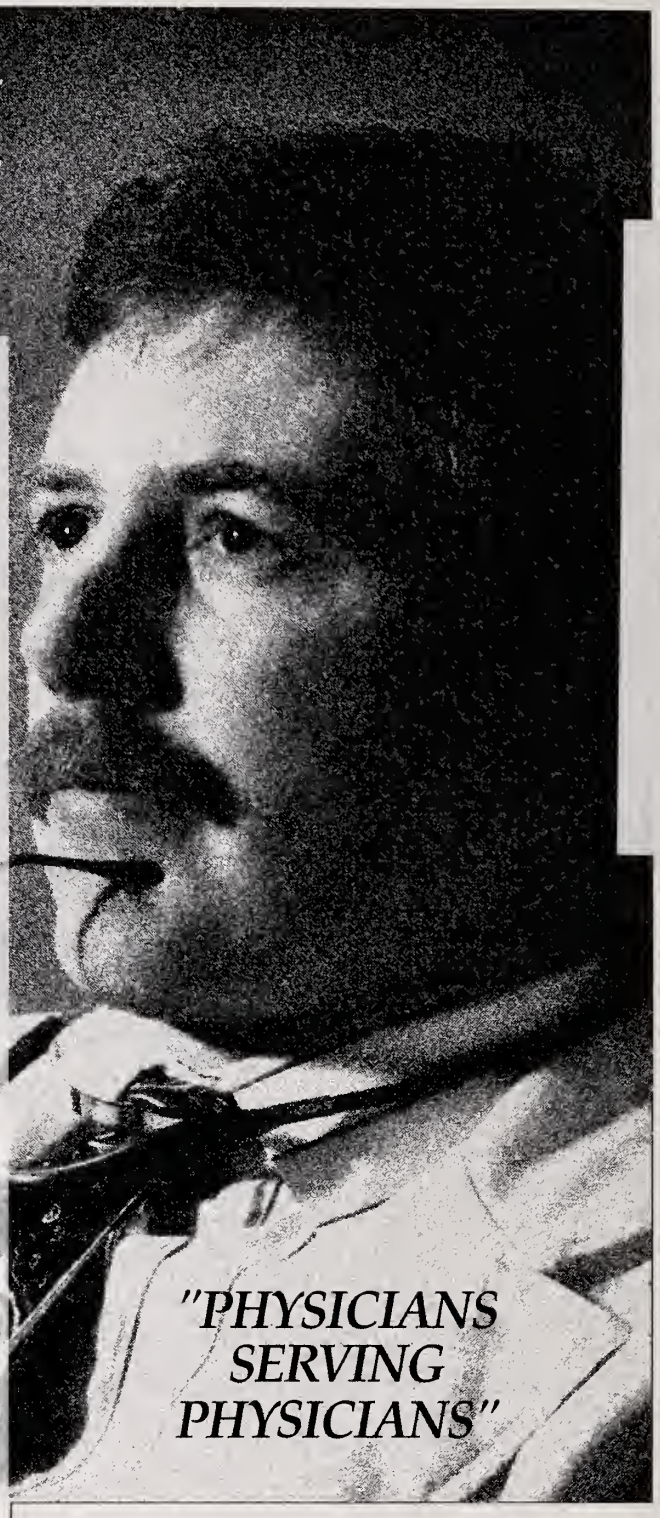
The 1994 Interim AMA-HMSS Assembly Meeting Education Program will host the Consortium study. Data collected and analyzed will facilitate the following objectives:

- Identify current and future needs, expectations, and preference of physicians and others for organized medicine;
- Explore membership ideas and options;
- Assess how medical societies relate to each other—including ways to be more supportive, avoid duplication of effort, leverage strengths, and better address weaknesses;
- Discover whether there are better tools/technologies that medical societies can use to communicate with one another and their members; and
- Enable medical societies to work smart in a more focused and purposeful way.

Plan to participate in the Federation Consortium on Friday, December 3 from 2:30 to 5:30 pm in Honolulu, Hawaii. Mahalo!

American Medical Association
Physicians dedicated to the health of America

ANNOUNCING SOMETHING UNCOMMON... A COMMON SENSE APPROACH



Who understands the challenges facing today's physician better than other physicians? KaMMCO was formed *for* physicians, *by* physicians, to provide you with competitive rates and innovative services. Physician owned and controlled, we set the standards for superior service, and uncompromising protection.

Among the personal services we provide are:

- **Technical advice and information on a variety of health care law issues**
- **Physician focused management and purchasing services through Medical Services Corporation**
- **Strong defense of non-meritorious claims and physician support during claims**
- **Close working relationship with the Kansas Medical Society**
- **Legislative advocacy**
- **Loss prevention activities for physicians and staff**
- **Medical office reviews**
- **Personalized member service and toll-free access**

Physicians serving physicians...it's just common sense.

"PHYSICIANS SERVING PHYSICIANS"

KaMMCO

KANSAS MEDICAL MUTUAL INSURANCE COMPANY

623 SW Tenth • Topeka, Kansas 66612
(913) 232-2224 • 1 (800) 232-2259

KANSAS MEDICINE

JOURNAL OF THE KANSAS MEDICAL SOCIETY

October 1994 Volume 95, Number 10

THE FRANCIS A. COUNTY
LIBRARY OF MEDICINE
BOSTON, MA
DEC 02 1994



- Immunization of Healthy Adults
- Primary Care Approach to the HIV-Positive Patient
- DEA Form 104
- Cervical Spondylotic Myelopathy in the Elderly
- Meningococcal Disease in Kansas

KANSAS MEDICINE

VOLUME 95 · NUMBER 10 · OCTOBER 1994

CONTENTS

Scientific Article

221 Primary Care Approach to the Newly Diagnosed HIV-Positive Patient
Testing, counseling and continuing management.
Bruce E. Johnson, M.D.

Departments

206 Cover Story
208 Editorial Comment
210 President's Message
212 Medicina et Lex
215 Medicine and Computers
218 News from KDHE
226 Your Older Patient
228 Preventive Medicine
230 Radiology Vignette
232 Cardiology Notes
opp. **232** Classified Advertisements

Miscellaneous

206 CME Opportunities
211 YPS Delegate's Report
211 Contamination of Kansas Wells
216 Books on Health Care Reform
219 Change-of-Address Form
225 Information for Authors
229 Council District Meetings

THE FRANCIS A. COUNTWAY
LIBRARY OF MEDICINE
BOSTON, MA

DEC 0 2 1994

EDITORIAL BOARD

Warren E. Meyer, M.D., Acting Editor
M. Martin Halley, M.D.
David S. Jacobs, M.D.
Harry G. Kroll, M.D.
Donald R. Pierce, M.D.
James H. Ransom, M.D.
William J. Reals, M.D.
Donald L. Vine, M.D.
Anne D. Walling, M.D.

STAFF

Susan Ward
Production Editor

Jeremy Slaughter
Business Manager

KANSAS MEDICINE (ISSN 8755-0059) is published monthly by the Kansas Medical Society, 623 W. 10th Avenue, Topeka KS 66612. KMS membership includes a one-year subscription for which $15 is allocated from each member's dues. Rates to others: $45/yr domestic; $50/yr foreign. Printed by The Ovid Bell Press, Inc., Fulton MO. Second class postage paid at Topeka KS and at additional mailing offices. POSTMASTER: Send address changes to KANSAS MEDICINE, 623 W. 10th Avenue, Topeka KS 66612.

Indexed in *Hospital Literature Index* and *Index Medicus*. Available through University Microfilms. Listed in *CC/Clinical Practice*. Search Resource for Institute for Medical Information, Inc., and Medical Search, Inc.

Copyright 1994 by the Kansas Medical Society. Permission to reproduce materials published herein must be obtained from KANSAS MEDICINE and the author(s). Although effort is made to publish only accurate articles and legitimate advertisements, KANSAS MEDICINE denies legal responsibility for statements, opinions or advertisements appearing under the names of contributors or concerns. Address all correspondence to: KANSAS MEDICINE, 623 W. 10th Avenue, Topeka KS 66612.

ABOUT OUR LOGO

In January 1935, a new logo appeared on the cover of KANSAS MEDICINE for the first time. This device represents two stethoscopes: the original monaural type as used by Läennec, and the modern binaural variety. The logo was designed expressly for KANSAS MEDICINE by renowned graphic designer Bradbury Thompson, a native of Topeka and friend of two former editors of the journal, Dr. W.M. Mills and Dr. Lucien Pyle. As another former editor, Dr. Orville R. Clark, wrote in January 1955, the logo "has become as much a part of the journal as any of the features on the inside and is something which is ours alone."

YOCON®
YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

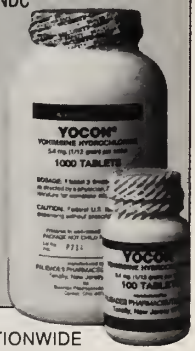
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



AVAILABLE AT PHARMACIES NATIONWIDE

PALISADES PHARMACEUTICALS, INC.
64 North Summit Street
Tenafly, New Jersey 07670
(201) 569-8502
1-800-237-9083

COVER STORY

This month we feature a new artist and an impressive landscape that brings together several features of Kansas in a single painting. The artist is Phil Epp, a Nebraska native who received his B.A. from Bethel College, Newton, Kansas. He has been painting professionally since 1974. Mr. Epp was selected as the Kansas Governor's Artist for 1986 and was featured in the Kansas Governor's Artists' Exhibition in 1989.

Phil Epp's use of acrylics yields vivid tones, and he is known for his use of rich color, as well as for the clarity and stark beauty in his depictions of the high plains. His work has recently gained national and international attention. Mr. Epp's paintings and limited-edition prints may be seen at Leopold International, Kansas City, Missouri.

The cover painting, *Wind #1,* reveals why Kansas is known as the Land of the South Wind. There is no doubt which direction is north in the painting. We've all seen trees in Kansas bent by the wind into compasses. Their deformity and the bending of the fence posts, seemingly in sympathy, add to the Kansas mystique.

The shining rails that run to a vanishing point far off to the east recall the railroad founded by Cyrus Kuntz Holliday in 1859. After the Civil War, the Atchison, Topeka and Santa Fe not only brought settlers to Kansas but also took cattle and grain back to the eastern markets. From the late 1860s, the railroad made Abilene, Wichita, Dodge City and Caldwell notorious cowtowns. The cattle drives from Texas to the railheads in these cities have become a part of our western American heritage. By the late 1880s the railroads had reached Texas, and a part of our history faded into obscurity. But Kansas still depends on the railroads to carry wheat to domestic markets and the coasts for export.

The broad expanse of sky also brings to mind the aircraft industry that continues to flourish in Kansas because of the generally favorable flying weather. (The day depicted here seems to be a rare exception.) Beech, Boeing, Cessna and Lear Jet have earned for Wichita the title "Air Capital of the World." In fact, if you will allow for some editorial imagination, the cloud on the left is slightly reminiscent of a large Boeing aircraft (we'll leave the specifics to *your* imagination).

Perhaps the turbulent sky will also remind you of the stormy figures that have howled through Kansas since its territorial days: Stephen Quantrill, John Brown, Carry Nation, "Dr." Brinkley. Or of the winds of change: William Allen White, Samuel Crumbine, Amelia Earhart, C.F. Menninger, Dwight D. Eisenhower. . . . Kansas has always had its share of both eccentrics and visionaries. Maybe it's something in the wind.

HIGH-QUALITY HUNTING FOR DISCERNING SPORTSMEN

WILD AND RELEASED PHEASANT, WILD QUAIL

Do-it-yourself to full-service hunts, $150-$350. Includes use of roomy, comfortable lodge and kitchen facilities.

• Excellent birds on 3,000 acres of mixed grass, cropland and creek bottoms along Shoo Fly Watershed.

• Small groups & individual hunter attention our specialty.



For more information, call:
Allan Helsel, President
The Hunnewell Hunting Club
RR1, Box 9
South Haven, KS 67140

316-892-5821 (9-3, M-F)
316-892-5869 (after 7:30 p.m., any day)

CME OPPORTUNITIES

Medical Ethics: End of Life Issues. Dec. 2, 1994, Kansas City. Call Bixby Inst., 800-821-5140, ext. 4306.

Peripheral Vascular Disease. Dec. 3, 1994, Kansas City. KU Med. Ctr., 913-588-4488.

Improving Clinical Outcomes. Nov. 29-30, 1994, St. Louis. Call JCAHO, 708-916-5800; Mention program code 0414.

Anti-Aging Med. & Biomedical Technology. Dec. 4-6, Las Vegas, NV; 15 hrs. cat. 1a credit. Several sponsors; call Am. Acad. Anti-Aging Med., 312-975-4034.

Nat'l. Conf. on Community Devel. Dec. 8-10, 1994, Minneapolis, MN. Call Nat. Rural Health Assoc., 816-756-3140.

Cardiology for the Geriatric Patient. Dec. 10, 1994, St. Louis. Washington U. Med. Sch., 800-325-9862.

Immanuel Rehabilitation Center Welcomes the Region's Only Pediatrician Specializing In Physical Medicine and Rehabilitation

Kurt V. Gold, M.D., is one of only a few physicians in the country with a special combination of professional training in pediatrics, physical medicine and rehabilitation. We are proud to welcome him to the Immanuel Rehabilitation Center, the region's most comprehensive center for physical medicine and rehabilitation. The Immanuel Rehabilitation Center offers patients some of the most advanced rehabilitative technology, and now a new pediatric physiatry program.



Kurt V. Gold, M.D.

Having a pediatrician that specializes in physical medicine and rehabilitation is very important when looking at the special needs of the seriously injured or diasabled child. Because he understands child development, he can work with the primary care physician to accurately match a therapy program to the developmental needs of each patient. One of Dr. Gold's responsibilities will be to establish a strong cooperative pediatric rehabilitation network among area healthcare providers.

Kurt V. Gold, M.D., received a doctorate of medicine from the University of California, Irvine. He also received pediatric specialty training from the University of California, Irvine, plus physical medicine and rehabilitation training from Loma Linda University Medical Center and Jerry L. Pettis Memorial V.A. Hospital.

We are proud to welcome him to our staff of board-certified physiatrists:



Kurtis M. Hoppe, M.D.
Medical Director



Antonio P. Manahan, M.D.



Kip A. Burkman, M.D.



Thomas A. Franco, M.D.

If you would like to speak with Dr. Gold, or any of the physiatrists regarding a patient or therapy, please contact Immanuel Rehabilitation Center at 402-572-2295 or 1-800-255-0865.

Immanuel®
REHABILITATION CENTER

Specialists in Physical Medicine and Rehabilitation
6901 North 72nd Street
Omaha, Nebraska 68122-1799
CARF and JCAHO accredited.

Potpourri



When Vice President Al Gore translated the United States motto, *E pluribus unum,* as "out of one many," rather than its proper translation, "one out of many," he may have more correctly described the current political and social nature of America than he realized. (Incidentally, had former Vice-President Quayle made that remark, we would still be hearing about it from the news media.) The change in position of that "one" word causes a great deal of difference between what the phrase was intended to mean and what it stands for now.

Today a dangerous trend seems to have overtaken our country. Hyphens now appear before the word American: Afro-American, Hispanic-American, Indian-American, Irish-American, German-American, etc. Each serves to tear down the very thing that has made America the greatest and most powerful nation on the earth today: unity. The more we emphasize our differences and demand inclusion of these differences in our educational systems and institutions, the more we weaken the fabric of the nation. America is a beautiful tapestry woven from the strands of all our people. Its colors and designs are those of many nations, cultures, customs, traditions, dreams and hopes. The blood of Americans of all nationalities, sacrificed on battlefields around the world to preserve freedom, is the binding that holds the tapestry together. When our differences become so important that they interfere with our ability to see ourselves as Americans, the tapestry begins to fray and must inevitably unravel.

I am not attempting to denigrate cultural heritage and the individual's desire to identify with one's ancestry and traditions, but I feel such activities are best done at home. These longings for a sense of identity are individuals' desires and fall outside the realm of collective formal education. How would the cultural values of any one ethnic group help all students to become better bankers, engineers, chemists, lawyers, businessmen — or doctors? The expertise needed for any of these or a hundred more professions depends upon a body of knowledge independent of racial, religious, cultural or other differences.

There is no denying that bigotry exists and, in all probability, will continue to exist, in spite of anything humans can do. Laws have been passed, but have failed to change the human heart. More laws will probably be just as ineffective. Our Constitution says that all men are created equal, yet this statement was espoused by men who held slaves, as well as by those who did not. More than 200 years after the document was conceived and signed, Americans are struggling to realize that premise, and we must continue to work toward it.

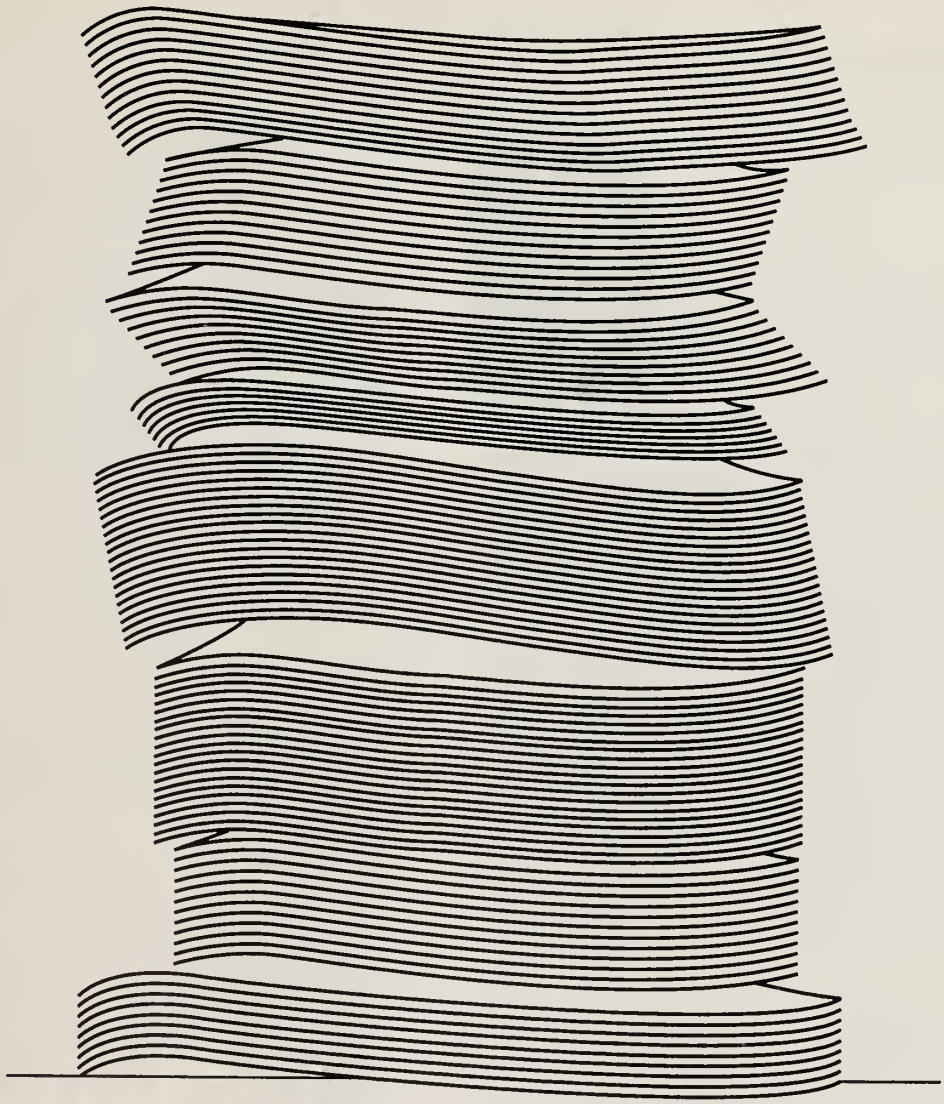
In much the same way, physicians are now struggling to survive in a changing world. Each specialty is like a little country trying to remain independent while an oppressor threatens to engulf them. Even the largest of these small countries is too weak to fight the giant by itself. But if the countries unite for the purpose of protecting themselves from the giant, they can prevail. Having defeated the bully together, the countries may discover there are other benefits to their partnership. And while each remains autonomous, all enjoy the security and efficiency their cooperative relationship affords them.

Differences have a tendency to divide, rather than unite, and each of us can either hinder or help the cause. Will our stubborn insistence upon emphasizing our differences ultimately lead us toward our goals as Americans and as physicians, or away from them? W.E.M.

Kansas Medicine to Become A Quarterly

At its September 1994 meeting, the KANSAS MEDICINE Editorial Board voted to change the frequency of publication from monthly to quarterly, commencing in 1995. The months of publication will be March, June, September and December. To fulfill contractual obligations, the journal is being published monthly for the balance of 1994.

The Kansas Medical Society will continue to produce an annual membership directory. This will be published independently, not as an issue of KANSAS MEDICINE, and its month of publication will change from August to February beginning with the 1995 edition.



We'll save you loads.

You can avoid the expense and hassle of insurance paperwork by filing claims electronically with Blue Cross Blue Shield of Kansas.* Our system speeds up the process on your end, freeing you to handle other responsibilities. Also, filing electronically minimizes the chance of errors. Additional capabilities we'll be introducing down the line promise to make your job even easier in the near future.

To find out more about electronic filing, call your Blue Cross Blue Shield representative— and take a load off your mind.

*An Independent Licensee of the Blue Cross and Blue Shield Association.

PA94

Stewardship



As we watch the Washington scene, many of us are beginning to believe that the best thing that could happen there is . . . nothing. And we are hoping that the politicians just don't screw it up by trying to pass something in desperation. But change is occurring, and it will continue.

Health care reform is about how health care institutions or systems are managed and governed. Our task is to create an organization that works, especially in a world where everything seems constantly up in the air. We know that fundamental change is required.

Changing an existing organization or creating a new one is not an easy task. The ideas of Peter Block in his book *Stewardship* (San Francisco: Berrett-Koehler, 1993) are illuminating. Some of Block's ideas will be quoted in this column, and some paraphrased.

As defined by Block, "*Stewardship* is to hold something in trust for another. Historically, *Stewardship* was a means to protect a kingdom while those rightfully in charge were away, or, more often, to govern for the sake of an underaged king. The underaged king for us is the next generation. We choose service over self-interest most powerfully when we build the capacity of the next generation to govern themselves."

Block's stewardship is an umbrella idea which offers the means of achieving fundamental change in the way we govern our organizations. It focuses our attention on aspects of our health care system that have been difficult to change — power, purpose and rewards.

Block writes that "there is a longing in each of us to invest in things that matter, and to have the organizations in which we work be successful. Our task is to assure that when we step aside, our job, or at least our organization, still exists for the next generation [see my comments on generativity in the May KANSAS MEDICINE]. No easy task in this environment."

Block goes on to say that his book "is about living out democratic values, using the work place as the focal point. One of its goals is to quicken our efforts to reform our organizations so that our democracy thrives, our spirit is answered, and our ability to serve customers [patients] in the broadest sense is guaranteed."

> "There is a revolution in health care. . . . It is a revolution with immense implications — an unprecedented restructuring of the way American health care is financed and delivered."
>
> *Peter Block*

As described by Block, stewardship "is concerned with creating a way of governing ourselves that creates a strong sense of ownership and responsibility for outcomes [throughout] the organization."

And finally, stewardship "begins with the willingness to be accountable for some larger body than ourselves — an organization, a community. *Stewardship* springs from a set of beliefs about reforming organizations that affirms our choice of service over the pursuit of self-interest. When we choose service over self-interest, we say we are willing to be deeply accountable without [trying] to control the world around us. It requires a level of trust that we are not used to holding."

An Opportunity and a Challenge

An opportunity and a challenge are before us. Heartland Physicians Health Network (Heartland Health) is a new organization. It will be owned and operated by physicians and only physicians from throughout the state, like no other organization in the state. We physicians, each and every one of us, have the opportunity to participate in the stewardship of this organization.

It is an opportunity for each of us as owners and workers to be responsible for the outcomes of the organization. It is an opportunity for us to practice stewardship by being willing to be accountable for the well-being of a larger organization, by operating in service rather than in control of those around us. But it is also a challenge — a challenge at which many predict we [physi-

cians and organized medicine] will fail. It is a challenge for us as primary care and non-primary care specialists to work together, rather than at odds with one another. It is a challenge for us in communities large and small to work together as physicians in *Kansas*. And finally, it is a challenge for us in solo practice, in small groups, in large multi-specialty groups, and in hospital-based groups to look past our personal or group self-interests and consider that the service of the larger organization is more important.

Will we physicians in Kansas be willing to accept the opportunities and challenges of Heartland Health? I am betting that we will, and I will be investing my time and money in this unique, once-in-a-lifetime opportunity to be a steward of a truly worthy organization.

Donald R Brada, MD

Bacterial Contamination of Kansas Drinking Water from Wells

Patients who seek medical care for persistent diarrhea, nausea or vomiting may be suffering the effects of bacteria in their drinking water. Further study of data gathered last summer on Kansas wells by KDHE shows that dug wells are more likely to harbor bacteria than drilled wells.

Few problems occur among wells that are properly cased, tightly sealed and constructed according to state standards. Other types of wells, including dug, buried slab and improperly cased drilled wells, "offer little protection from surface water or seepage through the well sides," according to Barry Brooks, KDHE flood response coordinator.

The effects of bacterial contamination are most damaging to children under six months of age, elderly persons and those with weakened immune systems.

KDHE urges Kansans with non-drilled private wells to consider the following options: Connect to a public water system, if possible; drill a new well following KDHE construction guidelines, including proper site selection, and with a reputable well contractor; install a disinfecting, filtration or treatment system; use water that has been boiled or disinfected, or that comes from a safe source, for drinking, dishwashing and brushing teeth.

DELEGATE'S REPORT

AMA-YPS Meeting

Dear Colleague:

I was privileged to represent you at the recent AMA-YPS meeting in Chicago. As usual, a number of important health issues were discussed, the most timely of which was health care reform and its many facets.

I listened with particular interest as the Washington AMA staff discussed the inner workings of the legislative process as it relates to health care reform. It has become rather obvious that no consensus yet exists on how health care reform will proceed. This is still a very volatile issue and changes on a daily basis. Of course, it is of great importance to be involved in the process, and there may be a number of occasions when you will be asked to draft a short note or letter to your legislators on specific issues. I hope you will avail yourself of that opportunity and, in doing so, help to shape the outcome of health care reform.

Also recently introduced into Congress is the Patient Protection Act (HR4527), which will assist in revising some of the antitrust provisions that prevent us from collaborating on patient care.

In May, at the KMS annual meeting, it was fairly obvious that there was a great need for interested young physicians to become active in the leadership structure of the KMS through representation at the annual meeting, as well as on KMS standing committees. If you have questions about how you might become more involved personally or have specific committees that you would be interested in serving on, I would certainly welcome your phone call (316-689-9111). As always, it is a privilege to have the opportunity to serve you.

Kevin Hoppock, M.D., *Delegate*

The Drug Enforcement Agency and DEA Form 104

WAYNE T. STRATTON, J.D.,* *Topeka*



Fortunately, few physicians will be confronted by an agent from the DEA investigating violations of the Controlled Substances Act. Should this occur, a physician is quite vulnerable to suggestions that are not in his or her best interest. Frequently the investigator will suggest that a physician sign the DEA's Form 104 for the "voluntary surrender of controlled substances."

The utilization of DEA Form 104 is used as a "favorable option" by investigators to permit the licensed health care provider to surrender voluntarily his or her controlled substance registration number. The form is fairly straightforward and indicates that the document is freely executed and that the registrant chooses to take the actions described. These fall into one of two categories. The first is: "In view of my alleged failure to comply with the federal requirements pertaining to controlled substances, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part. . . ." The second is: "In view of my desire to terminate handling of controlled substances listed in Schedule _____. . . ." The form then goes on to indicate that the registrant voluntarily surrenders his or her Drug Enforcement Agency Certificate of Registration and further agrees that the DEA Form 104 shall be authority for the administrator of the Drug Enforcement Agency to terminate and revoke one's registration without an order to show cause, a hearing, or any other proceedings.

A voluntary surrender of one's controlled substance registration number does not preclude additional civil and criminal action if this insertion is made on the DEA form. Therefore, the voluntary surrender of the controlled substance registration number does not terminate the action that the federal government can take for the alleged shortcomings for non-compliance with the Controlled Substance Act of 1970.

What should I do if the DEA calls?

Astute practitioners will, on occasion, if they elect to surrender their controlled substances voluntarily, convince the appropriate investigator that the term "without an order to show cause" should be changed to reflect "with an order to show cause." Additionally, it is standard practice for the involved investigator to note in handwriting on DEA Form 104 that the registrant agrees that the DEA can take additional civil and criminal action against the registrant. This agreement for subsequent civil and criminal action affords the DEA, through the U.S. Attorney's office, the opportunity to recover civil judgments that may amount to thousands of dollars, based on utilization of Form 104 as an indication that the alleged violations did, in fact, occur.

While DEA Form 104 falls short of being a broad and all-encompassing confession, it is used to demonstrate a basis for the surrender of the controlled substances registration.

Any health care provider who is presented with a DEA Form 104 should carefully review the contents. The involved provider is entitled to know the basis of any "alleged failure to comply with federal requirements" in order to meet the requirement of the registrant's "view of my alleged failure" to comply with the federal requirements. Additionally, the health care provider should ensure that all additions or corrections to DEA Form 104 are initialed by both the health care provider and the involved investigator.

The DEA has historically entertained an option

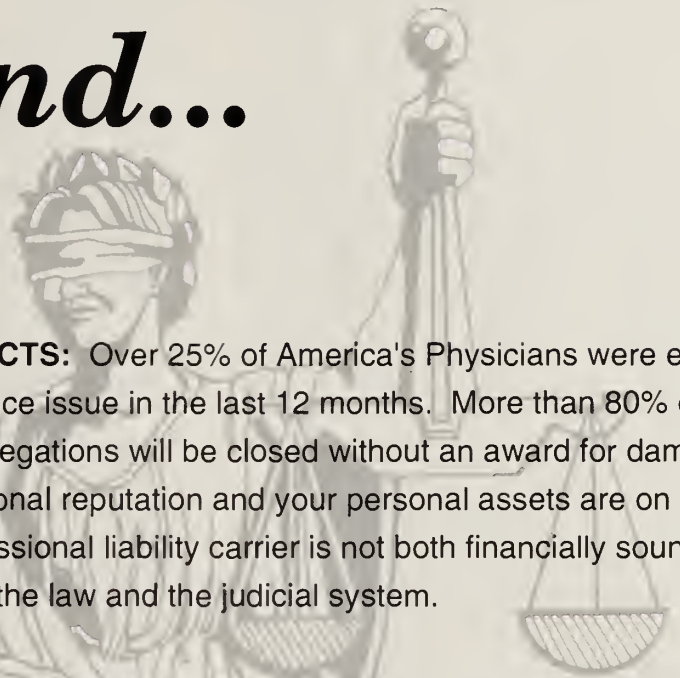
(Continued on page 214.)

*KMS Legal Counsel.

Comments appearing herein are not intended as a substitute for legal analysis or advice. Answers to legal questions depend largely upon the particular facts of a case. The reader is urged to consult an attorney for answers to specific legal questions.

These comments do not necessarily represent the views of KANSAS MEDICINE, or the Kansas Medical Society. For further information, contact Mr. Stratton, 515 S. Kansas, Topeka, KS 66603.

...a promise to defend...



HERE ARE THE FACTS: Over 25% of America's Physicians were embroiled in a malpractice issue in the last 12 months. More than 80% of those malpractice allegations will be closed without an award for damages. Your professional reputation and your personal assets are on the line when your professional liability carrier is not both financially sound *and* experienced in the law and the judicial system.

WHEN THE ISSUES ARE LEGAL, NOT MEDICAL-- when the allegations are frivolous, or highly emotional-- you need a company and legal representation that understands the problem and has the experience to resolve the issue. The Medical Protective Company has specialized in defending doctors since 1899. Our legal and claims management experience is unmatched by any other insurer in the U.S.

FOR MORE INFORMATION on how we can protect your professional reputation and your personal assets, call your local Medical Protective General Agent at 1-800-344-1899.

THE

MEDICAL PROTECTIVE COMPANY

FORT WAYNE, INDIANA

Professional Protection Exclusively since 1899

A+ (Superior) A.M.Best **AA (Excellent) Standard and Poor's**

EXTRA COPIES

Additional copies of the 1994 membership directory are available. Why not keep one near every phone in your office?

The price for members is $21.18 each; $52.95 each for non-members. These prices include sales tax. There is no additional charge for shipping.

To order, write or call Mary Ann Starbuck at:

Kansas Medical Society
623 SW 10th Ave.
Topeka, KS 66612-1627

913-235-2383, or 800-332-0156

MEDICINA ET LEX

(Continued from page 212.)

to enter into a memorandum of understanding between the DEA and the registrant to restrict the privileges or address alleged non-compliance with federal requirements prior to the execution of DEA Form 104. Should any practitioner be presented with this form, it is important to research and determine the applicability of entering into a memorandum of understanding with the DEA short of execution of this form. Additionally, any statements or recitations provided by the involved investigator that would in some way affect the content of DEA Form 104 should be properly reflected on the form.

Negotiation with the DEA for resolution of allegations advanced against the health care provider are more fruitful prior to the execution of Form 104. The form should be executed cautiously, and it is recommended that health care providers first obtain appropriate counsel.



CREATE A MEDICAL BREAKTHROUGH.

Become an Air Force physician and find the career breakthrough you've been looking for.

- No office overhead
- Dedicated, professional staff
- Quality lifestyle and benefits
- 30 days vacation with pay per year

Today's Air Force provides medical breakthroughs. Find out how to qualify as a physician or physician specialist. Call

USAF HEALTH PROFESSIONS
TOLL FREE
1-800-423-USAF

AIR FORCE

The Elusive Paperless Medical Record

RONALD DAVIS, M.D., M.C.S.,* *Wichita*

What is wrong with the medical profession? Why isn't there a paperless medical record? This rhetorical question was addressed by Clement McDonald, M.D., in a seminar in Wichita on July 22. Dr. McDonald is a recent past president of the American Medical Informatics Association, Chief of Medical Informatics for Regenstrief Institute for Health Care, and Chairman of the ANSI Medical Informatics Planning Panel. In the seminar, Dr. McDonald brought to life the amazing complexity of the medical record and its tenacious resistance to computerization — even beyond the most conservative predictions.

The medical record crosses person, place and time. Also, portions of it (the chief complaint) have highly variable data. Many health care workers are involved in providing care to each individual. Health care may be rendered in the hospital, office, laboratory or other location, and health care literally spans a lifetime. Could challenges to medical record computerization be made any greater? Probably not. Dr. McDonald discussed the numerous barriers facing medical informatics (medical information science). Drawing his audience's interest with an animated style and humorous anecdotes, he focused on the most prominent obstacle: connectivity.

Medical data are highly heterogeneous. Information is generated at many sources and by numerous individuals or automated processes. Data may be numeric or free text, and sources are usually in different "languages" or "dialects." The latter comprise the most pressing issue because the technology is readily available to solve it, and negotiating this barrier would advance the electronic medical record significantly.

One solution would be that customers require vendors to supply equipment that supports a standardized coding system for information interchange. This goal has not materialized as yet, but market forces will push in that direction. We need a common way of doing things. One currently popular standard is HL7 (Health Level 7); there are several others. Essentially all pharmacy records are computerized, and many are in national data banks using a standardized coding system.

Several driving forces in the marketplace that are advancing medical informatics are increased efficiency, lower administrative costs, better patient care, and the increased information demand on the medical record that cannot be satisfied by a paper-based system.

Dr. McDonald's presentation had a broad perspective and showed a strong command of the current issues. One issue of interest to this author is: How is medical informatics to be introduced into clinical practice? Two points are prominent. First, it is embedded in processes physicians use to provide care to patients. Second, it must be "user-friendly."

Some early trials of medical informatics were studied. Displayed on the computer screen as doctors entered orders were prices of diagnostic tests, a list of diagnostic tests done recently, and the probability that the test result will be abnormal. These three features were tested separately, and the range in savings for diagnostic testing was 10 to 15% for each one. These are significant savings. As medical informatics becomes more sophisticated, the potential for savings will increase.

Technology exists that can support many of the requirements of computerized medical records, and there are exciting new technologies that will change the way physicians do their work. In general, physicians like to "look things up" on a computer but do not like to enter data by keyboard. The pen-based system is attractive to many physicians as an easy way to enter data. As radio signal communication is perfected, clinical "rolling workstations" will be common features on the ward, and "notebooks" can be mobile mainframes. Voice recognition is slow and distracting during dictation, but this drawback will succumb to improved mathematical algorithms and faster computer processing. The first practical versions will be one-person, one-site applications; network capability will follow.

Implicit rules of medical informatics evolution make themselves evident. Information that is available is more valuable than information that

*Address correspondence to Dr. Davis at 315 N. Hillside, Wichita, Kansas 67214.

The author expresses his appreciation to Dr. Clement McDonald for his visit to Kansas to advance the understanding of medical informatics.



Patient surveys make it clear. Your patients want to know more about their medicines, e.g., how and when to take them, for how long, precautions and side effects. Don't disappoint them.

The National Council on Patient Information and Education (NCPIE) has **free** materials to help you ***"Communicate Before You Medicate."***

Write to: **NCPIE**
666 Eleventh Street, NW
Suite 810D
Washington, DC 20001

To fax your request —
(202) 638-0773



is not available. Data that are available as an aggregate in a "virtual record" (lab values from screening programs, the physician's office, the emergency room, and the hospital ward are displayed on one screen in chronological order) are more valuable than the same data separated by space, time or person. Data that are one minute old are more useful than data that are one hour old or one day old. Medical informatics increases the physician's diagnostic and therapeutic proficiency by improved data abstraction (putting unimportant details in the background while bringing the more important details to the foreground) of patient and disease process.

At the University of Kansas School of Medicine, medical informatics has a high profile. Garold Minns, M.D., Associate Dean of Academic Affairs at the Wichita branch, and David Voran, M.D., Department of Family Practice at the Kansas City campus, with other faculty and support staff, recognize the critical role of medical informatics. Current curriculum revision will strengthen the existing education and training resources for medical informatics.

The field is advancing rapidly, and the Kansas health care community continues to recognize the importance of this science to the outstanding quality health care we provide.

These Books Offer Insight into Health Care Reform Proposals

Patient Power: The Free-Enterprise Alternative to Clinton's Health Plan, by John C. Goodman and Gerald L. Musgrave (Washington, D.C.: Cato Institute, 1994), $4.95 paperback.

If we as physicians wish to have some control over our destiny and in particular, direct access to our patients, this short, readable book will be extremely helpful — maybe even a godsend. *Patient Power* advances a viable free-market alternative to managed competition, capitation, gatekeepers or single-payer systems.

The free-market alternative, "patient power," is based on two factors: empowering individual patients, and the strength of competitive markets. A key idea is the medical savings account (MSA), which is a tax-deferred account set up to pay for routine medical care and to allow for savings to pay for future medical expenses. Medical savings accounts allow employers, self-employed individuals and others to purchase a personal and portable high-deductible, low-cost health insurance

policy and put the premium savings into an MSA to pay for routine medical care. The funds in the MSA would belong to the individual and, if not spent, would accumulate over time as savings to be used for future health care expenses or as an IRA.

Medical savings accounts thus put the patient back in charge of health care, making the individual a buyer as well as a user of care. The result is a reduction in health care costs, reduced administrative overhead, a strengthening of the patient-physician relationship, and greater access to care. Patients have direct access to their choice of treatment, and physicians are neither locked out, overwhelmed with the demand for perceived free care, nor forever locked in to the no-win aspects of dealing with third-party payers.

Under current law, MSA balances that remain at the end of the year are taxable, but the enterprising private sector has already provided examples of implementation. For example, Forbes' health costs fell 17% in 1992 and 12% in 1993 after the company paid each employee $2 for every $1 of medical claims that they did not incur up to $1,000. The United Mine Workers gave their employees a $1,000 bonus at the beginning of the year to use for a deductible. They could keep whatever was not spent. Another possible solution is for employers to extend credit to employees who are especially disadvantaged, with the loans to be repaid from future MSA contributions. Finally, a health care debit card with a limit equal to the deductible and paid by the employer is feasible. The employer and employee could share the amount remaining on the card in any number of ways.

Many other aspects of the MSA concept are covered in the book, including answers to 20 often-asked questions. There is also an analysis of the failings of government-based health care systems in Western industrialized democracies. Tables and graphs throughout the book illustrate key points.

The free-market alternative would not immediately solve all of America's health care problems. But it would empower individuals and create market institutions through which problems eventually would be solved by people pursuing their own self-interest. It would give individuals the incentive to solve problems that can never be solved through bureaucracies, regulations or the power of government. The implementation of the free-market alternative would constitute a national commitment to follow a path that is distinctly American in character — one that relies on individual choice and efficiency of free markets.

The Road to Serfdom: A Classic Warning Against the Dangers to Freedom Inherent in Social Planning, by Friedrich Hayek (Chicago: Univ. of Chicago Press, 1994), $10.95 paper; $24.95 cloth.

This book was originally published 50 years ago and has recently been reprinted. Its author was the winner of the Nobel Prize in economics in 1974. If you believe in the principles of individual freedom that made our country and American medicine great, you will enjoy reading *The Road to Serfdom,* as it exposes the fallacies of socialism and social planning.

With this book, you'll readily discover how to recognize the inevitable long-term outcomes of various economic proposals, such as mandates, government-controlled terms of reimbursement, specialty training slots, covered services, guidelines, etc. You'll acquire the moral high ground and the arguments every freedom-loving American would want to know by heart. Following are a few of the topics addressed in the book.

- Western civilization and its growth were the result of the respect, desirability and spontaneous forces of individuals to develop their own individual gifts.
- Few people recognize that a state-controlled totalitarian society is not a reaction against well-meaning socialism, but a necessary outcome of it.
- In almost all known instances of social planning, the establishment of control over entry into different occupations or terms of reimbursement, or both, was among the first measures taken.
- Intolerance and brutal suppression of dissent, deception and spying, and a complete disregard for the life and happiness of individuals are essential and unavoidable features of state-controlled societies. Individuals living under the continuum of socialized planning are merely the means to serve the society's ends, rather than to serve their own needs for survival. In contrast, free countries are governed by the rule of law, which means the government is bound by rules fixed and announced beforehand, and as these rules safeguard equality before the law, this system is the legal embodiment of freedom.
- Hayek cites an observation made by de Tocqueville: "Democracy and socialism

(Continued on page 219.)

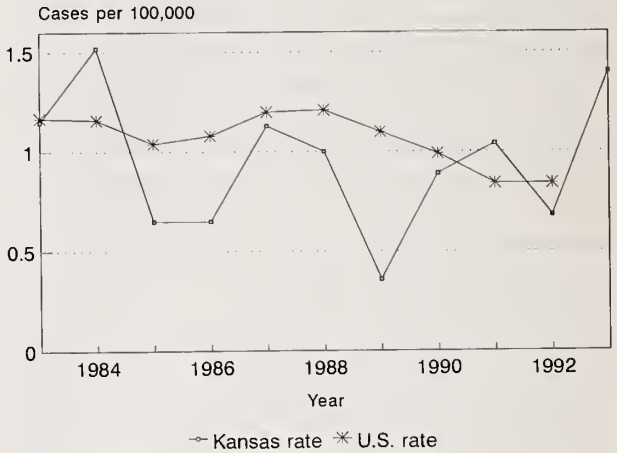
Meningococcal Disease in Kansas, 1990-1993

Meningococcal meningitis is the second most common cause of bacterial meningitis in the United States, affecting an estimated 3,000 to 4,000 people each year. *Neisseria meningitidis* serogroups B and C are responsible for the majority of cases in the United States. Even after treatment with appropriate antimicrobial agents, 10% of those with meningococcal meningitis and 20% of those with meningococcemia die as a result of the illness.

Children between the ages of 6 to 12 months are at the greatest risk for developing meningococcal disease. After the age of five years, the risk of contracting the disease approaches that of adults. Individuals with terminal complement component deficiencies and those with anatomic or functional asplenia are also at increased risk. In addition, newly crowded living conditions such as barracks or institutions place individuals at increased risk.

The disease is transmitted through direct contact, including respiratory secretions of infected individuals. More than 25% of the population may be carriers without actually developing meningococcal disease.

From 1990 to 1993, 100 cases of meningococcal disease were reported in Kansas. As the figure indicates, in Kansas, the rate of meningococcal disease varied from year to year between 1983 and 1993, with no clear upward or downward trend. The instability of rates from year to year, compared to the U.S. rate, is most likely due to the small number of cases in Kansas. Forty-nine percent of all cases occurred in males. Children under the age of one year were disproportionately represented, comprising 14% of the cases while making up less than 2% of the Kansas population. The median age was 18 years, with a range from less than 1 to 86 years of age. The racial breakdown was 92% white and 7% black, which approximated the racial distribution in the Kansas population during this time period. Among the 47 cases with known outcomes, the fatality rate was 15% (21% for those with meningococcal meningitis and 11% for those with meningococcemia). Of the 31 isolates that were serogrouped, group B was the most common (65%), followed by group Y (23%), group C (10%), and group Z (3%).



Meningococcal disease rate by year: Kansas and U.S., 1983-1993.

The disease was fairly widely dispersed, with 30 counties reporting at least one case from 1990 to 1993. Sixty-six percent of all cases occurred from December through May. While no large outbreaks occurred during this four-year period, there were three small clusters of cases. Saline County experienced a cluster of 4 cases in a one-month period in 1990 and two cases within a week of each other in 1992. In Johnson County, two cases occurred within two weeks of each other in 1993. In all three clusters, information on serogroup was unavailable, so it was unclear if the cases were linked.

The meningococcal polysaccharide vaccine is effective against serogroups A, C, Y and W-135. However, for several reasons, routine vaccination of the general population is not recommended by the Advisory Committee on Immunization Practices. First, the risk of disease is low (1 case per 100,000 persons per year). Second, the vaccine does not protect against serogroup B, the most common cause of infection in this country. Third, the response to the vaccine is poor in infants, and this is the age group at greatest risk of

Reported by: L. Wilberschied, M.S., Epidemiology Section, Bureau of Disease Control, Kansas Department of Health and Environment.

contracting the disease. While vaccination is not recommended for the general public, it is recommended for individuals with terminal complement component deficiencies, those with anatomic or functional asplenia, and travelers to some African and Asian countries.

Upon the identification of a case of meningococcal disease, rifampin should be administered as a prophylaxis to three groups of exposed persons: household contacts of the patient; day-care center contacts, including children and employees; and anyone who came in direct contact with the patient's saliva, including sex partners and anyone who administered mouth-to-mouth resuscitation. As this is a notifiable disease, physicians diagnosing meningococcal infections are urged to report cases to their local health department within 24 hours of diagnosis. Laboratory personnel are encouraged to send isolates to the Kansas Health and Environment Laboratory for serogrouping. These measures will help to improve surveillance and control of meningococcal disease.

BIBLIOGRAPHY

Benenson, AS, ed. *Control of Communicable Diseases in Man*, 15th ed. (Washington, DC: APHA, 1990), pp. 280-84.

Committee on Infectious Diseases, American Academy of Pediatrics, *1994 Red Book: Report of the Committee on Infectious Diseases*, 23rd ed. (Elk Grove Village, IL: American Academy of Pediatrics, 1994), pp. 323-26.

Centers for Disease Control. Meningococcal Vaccines. *MMWR* 1985;34:255-59.

BOOKS

(Continued from page 217.)

have nothing in common but one word: equality. But notice the difference: while democracy seeks equality in liberty, socialism seeks equality in restraint and servitude."

The Road to Serfdom provides us with the wisdom and vision to have a positive impact on our lives. It can serve as a frame of reference to evaluate the free marketplace alternative for health care reform, as concisely discussed in the abridged version of *Patient Power*. I think we must regain the convictions on which liberty is based and understand the sentiment expressed in Ben Franklin's statement that: "Those who would give up essential liberty to purchase a little temporary safety deserve neither liberty nor safety."

— Holly Fritch Kirby, M.D., *Leawood*

ARE YOU
MOVING?

To ensure uninterrupted delivery of KANSAS MEDICINE, please let us know your new address at least 6 weeks before you move. Send this form to Kansas Medicine, 623 W. 10th Avenue, Topeka, KS 66612.

OLD ADDRESS:

(Please affix mailing label here.)

NEW ADDRESS, as of _____
(DATE)

Name _____
(IF IT HAS CHANGED)

Address _____

_____

City _____

State _____ ZIP + 4 _____

Telephone (_____) _____
(FOR PUBLICATION IN DIRECTORY)

RETIRING MEMBERS, please fill in the information requested below if you wish to continue receiving KANSAS MEDICINE. You need not include your telephone number.

OLD ADDRESS:

(Please affix mailing label here.)

NEW ADDRESS, as of _____
(DATE)

Address _____

_____

City _____

State _____ ZIP _____



They're seasoned attorneys with an incredible record of success. Malpractice specialists in every medical specialty. More than eighty lawyers in twelve offices: they're part of The P·I·E Mutual team...Jacobson, Maynard, Tuschman & Kalur, a formidable defensive lineup, with an imposing record. With nearly 80% of all claims closed without a penny changing hands. Victory in 90% of the cases that go to trial. The P·I·E Mutual helps you face your future without fear. With a claims review committee made up of your peers. And a prepaid law firm that can rally its total resources against any and all claims. Call us for a reprint of the Medical Economics article. 1-800-228-2335. Tough and smart can soon be yours.

Insurance Management Corporation
IMC Plaza, 4333 Madison Avenue
Kansas City, Missouri 64111
816-756-1410 • 800-279-7500

Beimdiek Insurance Agency
303 West Third Street
Carthage, Missouri 64836
417-358-4007

THE P·I·E MUTUAL INSURANCE COMPANY

North Point Tower
1001 Lakeside Avenue
Cleveland, Ohio 44114
800-228-2335

4600 Madison Avenue
Suite 1224
Kansas City, Missouri 64112
816-561-5523 • 800-PIE-KCMO

Primary Care Approach to the Newly Diagnosed HIV-Positive Patient

BRUCE E. JOHNSON, M.D.,* *Kansas City*

The continuing spread of HIV infection makes it a condition with which virtually all primary care physicians will have contact. Recent statistics document over 180,000 cases of AIDS (case definition includes at least HIV-positivity and one opportunistic infection) reported to the CDC, with over 113,000 deaths. This is a 63% death rate. Even more telling is the estimate that there may be as many as 1.5 million HIV-positive persons who have not yet had a "defining" disease.

It is known that 50% of HIV-positive men progress to AIDS in seven years or less. Since the incubation period from infection to recognition is quite variable, a person may have as many as 10 years from infection to defining disease. Add to this the fact that the fastest-growing subgroup of persons with HIV is heterosexual women and the likelihood of any primary care physician having HIV-positive people in his or her practice is great indeed.

The focus of this paper is the primary care approach to these patients. Therapy of the myriad disease presentations in AIDS is covered in other sources. Rather, the emphasis here is on the continuing management, over as much as seven to 10 years, of the HIV-positive patient.

Testing

The request from a patient for HIV testing raises some concern, especially as to whether that patient in the past or present has engaged in a high-risk behavior. This includes the person using intravenous drugs and the person who, in the course of the sexual history, is determined to have multiple sexual partners — whether the patient is homo-, bi-, or heterosexual. Current disease patterns put the individual with multiple partners, whatever the sexual preference, at increased risk. Certain diseases, such as multiple vaginal infections in women, anal warts or condyloma in men, recurrent or resistant herpes simplex or zoster, undefined diarrhea, etc., ought to raise suspicion and possibly compel the physician to suggest HIV testing. Finally, certain jobs, including health care and emergency medical work, may expose people to HIV-positive patients.

Regardless of the reason for testing, all tests should be done confidentially and voluntarily, even to the point of having the patient sign a consent to be tested. All patients need counseling, even before the test is performed.

An appreciation of the sensitivity and specificity of the HIV tests is required. The typical initial test is the enzyme-linked immunoadsorbent assay (ELISA). This test has a sensitivity of >98% and a specificity of 99.8%. But in situations of low prevalence, the positive predictive value falls to 25% or less, meaning that three out of four "routine" tests that are reported as positive might be false positive. This is part of the reason why many authorities oppose universal testing.

To protect against false positives, many centers repeat ELISA tests twice before doing the Western blot, and may even send positive Western blot tests to another facility for additional confirmation. (A technique used by some centers delays all test reports, even negative ELISAs, over the time it takes for a positive result to be confirmed; this protects against the assumption of test results based on length of time to report.)

Occasionally the Western blot will report an "indeterminate" result. This occurs in the time between infection with HIV and antibody formation, as well as in persons with end-stage AIDS who cannot mount antibody, or in non-infected persons with cross-reacting antibody from another source. Potential cross-reacting antibody includes intercurrent viral infection, a recent immunization such as influenza shots, or undefined circumstances. It is possible that research techniques such as identification of viral antigen (p24), polymerase chain reaction (PCR) or viral culture will diminish false positives or intermedi-

*Div. of General and Geriatric Medicine, KUMC-KC

Address correspondence to the author at Dept. of Internal Medicine, Div. of General and Geriatric Medicine, KUMC-KC, 3901 Rainbow Boulevard, Kansas City, KS 66160-7376.

ate results. Until then, the person at low risk who returns with a positive ELISA and indeterminate Western blot needs counseling and support, and a repeat test in three to six months.

Education/Counseling

Anyone who recommends testing for HIV must be prepared to counsel all persons in risk assessment and risk reduction. The doctor must be able to support and counsel those suspected of false positives during the interval between testing. Finally, the doctor must be willing to counsel the HIV-positive persons in risk assessment and reduction, medical expectations, psychosocial concerns and issues related to insurance, employment and housing.

Risk assessment and reduction. Intravenous drug users (IVDUs) have a poorer prognosis with HIV disease than non-IVDUs. Referral to drug rehabilitation facilities is essential. Those who abuse other drugs, such as cocaine, marijuana or psychoactive agents may also have a poorer prognosis, though these data are less clear. Abusers of alcohol need rehabilitation as well. To counsel appropriately, the physician must first identify high-risk sexual behaviors. These include multiple partners, sex with a known HIV-positive partner, sex with an intravenous drug user and sex for money. Other practices such as oral-genital sex with a known HIV-positive partner and anal intercourse are possibly high-risk. The doctor should ascertain correct condom use and instruct the patient if needed.

Medical. A healthy lifestyle should be encouraged, including a balanced diet, appropriate rest, moderation in alcohol, cessation of smoking, and safe sex practices. The short- and long-term prognosis must be discussed; early infectious complications can often be successfully treated, while late disease is characterized by multiple uncomfortable infections, wasting and possibly dementia. These are brutal facts for any individual, but the doctor can leaven the discussion with hope regarding proper treatment of infections and future advances. The patient should be scheduled for regular medical care.

Contraceptive practices and desires for pregnancy should be openly discussed, keeping in mind the high probability (>30%) of transmission of HIV to a neonate. Other suggestions include counseling regarding "nutritional" or "herbal" treatments of little or no proven benefit, proper preparation of fresh vegetables and meats (to prevent bacteria-borne infections), proper handling of cat litter and gardening soil to guard against *Toxoplasma* infection, discussion of certain concerns with travel (e.g., infections in foreign countries, coccidioides in the Southwestern United States, and histoplasma in the Midwest), and advice on the possible benefits of regular exercise.

Psychosocial. The doctor must be aware of, and counsel regarding, expected psychological reactions to the diagnosis. The patient can react in a number of ways, from denial to resignation, and these potential adjustment reactions may have profound effects on interpersonal relations. Anxiety commonly occurs early and can be effectively treated. Depression occurs at any time during the disease course. Suicide is more common among HIV-positive persons than among others of the same age and sex. Family members also need attention, as there may be a wide range of emotions involving the loss of a parent or partner.

Other issues. Once the diagnosis as HIV-positive is confirmed, patients frequently encounter discrimination involving insurance, employment and housing. In larger cities, advocacy groups represent a potential resource for addressing issues of discrimination; in more rural settings, social workers or even family members may be recruited.

Medical Evaluation

History. The medical history should include information specific to HIV disease. During its progression, HIV frequently has constitutional symptoms, including fever, sweats, loss of appetite/weight loss and fatigue. In the history, one searches for prior risky behavior, including illnesses such as sexually transmitted diseases (STDs) and hepatitis. The gynecologic history may reveal STDs as well as prior cervical conditions. One should determine previous contraceptive practices and advise on future needs.

Physical Examination

Weight should be obtained and recorded along with other routine vital signs, including temperature. The skin is closely examined for rashes, infections or lesions. Funduscopic exam of the eyes is done, keeping in mind the possibility of AIDS microangiopathy (which is not dissimilar to diabetic retinopathy) and cytomegalovirus (CMV) retinitis. Thrush occurs in the mouth, even in otherwise healthy-appearing persons. Lymphadenopathy is present in most HIV-positive persons, but usually nodes are small and soft. The discovery of larger nodes or "crops" of nodes bears

TABLE 1
OPPORTUNISTIC ORGANISMS

Parasites: Pneumocystis, toxoplasma, cryptosporidium, isospora, microspora
Bacteria: Mycobacterium tuberculosis, avian-intracellular, salmonella
Fungi: Candida, cryptococcus, histoplasma, coccidioides
Viruses: Cytomegalovirus, herpes simplex, varicella-zoster

further investigation. Examination of the lungs, heart, abdomen, extremities and joints is routine. Special attention should be paid to the genitourinary systems: in males, for the presence of penile lesions and anal warts; in females, for vaginal discharge and lesions, and for cervical and other evidence of pelvic inflammatory disease.

Laboratory

On initial evaluation, the complete blood count with differential, blood chemistries (including liver enzymes), and a urinalysis is routine. A chest x-ray is often obtained as a baseline, though the cost effectiveness of this is unknown. Though not routine, physicians often obtain cultures for gonorrhea and chlamydia while doing a female pelvic exam.

Several serologies are useful in the HIV-positive patient. The VDRL test for syphilis is usually obtained. A PPD for mycobacterium is placed, with appropriate anergy tests (e.g., candida, mumps). Many authorities recommend calling the PPD positive with 5 mm induration in patients with HIV disease. Because of the lifestyle of many HIV-positive patients, hepatitis B serology should be checked; a similar argument might be made for hepatitis C serology. Many doctors screen for *Toxoplasma* IgG titers, as this information is useful later in the disease. (Most cases of CNS toxoplasmosis are reactivation of latent disease, not new disease. Baseline *Toxoplasma* titers are useful in planning secondary prophylaxis in this circumstance.)

It is very important to measure the CD4 count (or possibly the CD4%). Many therapeutic decisions are made on the basis of this count. There can be wide swings in values in one individual during the course of the day and even between labs. When following the CD4 count, try to have blood drawn at the same time of day and the test run by the same lab.

There are some tests for which the usefulness is not known. The prognostic value of titers for cryptococcosis, as well as skin test results for coccidioides or histoplasma, is unclear. Similarly, low values have been noted in HIV-positive patients for vitamins B_{12} and B_6, as well as for zinc and selenium. The significance of these low values remains unclear.

TABLE 2
DISEASE OCCURRENCE IN RELATION TO CD4 COUNTS

CD4 >200 and <500: Kaposi's sarcoma, thrush, oral hairy leukoplakia
CD4 <200: Pneumocystis, toxoplasma
CD4 <50: Avian-intracellular bacteria, cytomegalovirus, lymphoma

Surveillance

Regular visits to the doctor are part of continuity care for the HIV-positive patient. One must search for the diseases which are more likely to occur in these patients. Table 1 lists organisms that take advantage of T-cell defects. Knowledge of these organisms and their disease presentations helps during regular visits.

It can also be useful to have an idea of disease occurrence in approximation to CD4 counts (see Table 2). Watching for these conditions as the CD4 count falls allows for early intervention and/or prophylaxis.

An important task during surveillance is provision for, and updates of, the HIV-positive patient's immunizations. All patients should receive both pneumococcal and *Haemophilus influenzae* type B (HIB) vaccines. Similarly, yearly influenza vaccine should be given since, while influenza itself is rarely life-threatening, the disease may be mistaken for the early signs of a more severe illness, resulting in unnecessary testing. Strong consideration should be given to hepatitis B vaccination (if not already exposed). This disease can be very severe in HIV-positive persons.

Some vaccines raise other issues. While immunity should remain from childhood, immunization against polio, diphtheria and tetanus pose little threat due to the use of killed vaccine. But there has been a scattering of reports of difficulties with live attenuated mumps, rubella and measles vaccines, and most authorities recommend against immunizing with live virus to an immunocompromised host.

Periodic Visits

The patient's regular visits to the physician may include the following.

Review of risk assessment. This ought to be done

at each visit, especially to prevent the occurrence of "slippage," whereby individuals stop their safer habits, re-exposing themselves or others to infections.

Search for constitutional symptoms. Fever, sweats and weight loss are almost universal signs of advancing HIV disease and, if present, should prompt a more thorough search for opportunistic infections.

Examination. Special attention to the skin, mouth, nodes and the GU or pelvic exam; periodic assessment of the mental status.

Labs. Regular updating of the CBC, blood chemistries and, notably, the CD4 count.

Updates. Immunizations as appropriate; serologies as needed; contraception intentions are reviewed each visit.

The timing of periodic visits is at present unclear. Early in the course of HIV disease yearly visits are appropriate. For some conditions, such as aggressive cervical disease on Pap smear, visits as often as every six months are advocated. Measurement of CD4 counts are needed only yearly while they remain above 500; once the count falls below 500, more frequent measurement is done.

An important task for the primary care physician is the appropriate referral of patients to a specialist. Treatment of many complications of HIV disease is rapidly changing and highly specialized. A good relationship with knowledgeable specialists in several different fields assures HIV-positive patients of access to high-quality care in times of need. Listed below are a few circumstances in which recommendations are in flux or treatment highly specialized.

- Positive PPD test (at any stage of disease). Frequently this involves multi-drug regimens, especially for avian-intracellular or resistant mycobacterium tuberculosis (MTB).
- CD4 <500. Some consider this an appropriate level to begin prophylactic zidovudine (AZT) therapy.
- CD4 <200. Consideration is given to begin prophylaxis against pneumocystis and possibly toxoplasma.
- CMV disease. This is a difficult disease to treat, and therapy is toxic. Ophthalmic disease is especially resistant.
- Specific diseases. For example, certain parasites and fungi cannot be cured so much as controlled. Malignancies such as Kaposi's sarcoma and lymphoma need specialized chemotherapy.

Working in concert with specialists allows continuity to remain with the primary care physician. In fact, many specialty offices and clinics, while well-meaning, simply cannot provide the comprehensive care available through the primary care doctor.

Psychosocial Aspects

The HIV-positive patient faces a most uncertain future and is easily prone to psychological disorders. Anxiety and depression are common. Suicide is more likely than in non-HIV-positive individuals in similar age groups. The patient with AIDS is, unfortunately, quite likely to suffer mental status changes; mental status screening or even formal psychometric testing may be necessary. Specialized care can be provided through psychiatrists/psychologists, social workers, nurses or other providers.

Support groups provide an invaluable resource. Those groups that have chosen an advocacy role provide assistance with insurance, employment and housing problems. Other groups provide support for patients and, in some cases, for families or other significant persons.

Doctors caring for HIV-positive patients should become aware of community resources or at least know who in the medical care setting can tap into these resources. Some communities have clearinghouse-type arrangements that direct the patient to government and private sources of assistance.

Any person with a chronic, ultimately terminal disease may search for a spiritual meaning to his/her illness. The person with HIV is no different. A sympathetic, permissive attitude is most helpful. Reminders that the lifestyle may have led to the disease are counterproductive.

Family members have heightened concerns regarding the loved one with HIV disease. Fear of contracting the disease is natural. It is important to offer reassurance, coupled with specific recommendations for prevention of transmission. Explanation of complications may relieve some anxieties. For single women with children, the future can appear very bleak. Social services should be contacted at a time when it appears assistance is needed for the eventual care of the children.

Finally, a frank discussion regarding advanced directives and hospice care should occur as debility advances. Such a decision is premature in the early stages of the disease but should be confronted as daily activities become overwhelming. Again, community services can be of enormous benefit in these circumstances.

The AIDS pandemic ensures that most primary

care physicians will find themselves caring for HIV-positive patients. Such care has been endorsed by medical organizations including the AMA, AAFP and ACP. It remains the responsibility of the individual physician to provide the same high-quality continuity care for these people as he or she does for all other patients.

SELECTED BIBLIOGRAPHY

Gold JWM. HIV-1 infection: Diagnosis and management. *Med Clin N Am* 1992;76:1-18.

Health and Public Policy Committee, American College of Physicians. The acquired immunodeficiency syndrome (AIDS) and infection with the human immunodeficiency virus (HIV). *Ann Int Med* 1988;108:460-69.

Jewett JF, Hecht FM. Preventive health care for adults with HIV infections. *JAMA* 1993;269:1144-53.

Makadon HJ. Assessing HIV infection in primary care practice. *J Gen Intern Med* 1991;6(supp):S2-S7.

Northfelt DW, Hayward RA, Shapiro MF. The acquired immunodeficiency syndrome is a primary care disease. *Ann Int Med* 1988;109:773-74.

Smith MD. Primary care and HIV disease. *J Gen Intern Med* 1991;6(supp):S56-S62.

Volberding PA. Recent advances in the medical management of early HIV disease. *J Gen Intern Med* 1991; 6(supp):S7-S12.

EXTRA COPIES

Additional copies of the 1994 membership directory are available. Why not keep one near every phone in your office?

The price for members is $21.18 each; $52.95 each for non-members. These prices include sales tax. There is no additional charge for shipping.

To order, write or call Mary Ann Starbuck at:

Kansas Medical Society
623 SW 10th Ave.
Topeka, KS 66612-1627

913-235-2383, or 800-332-0156

Information for Authors

Manuscripts must be typewritten, double-spaced, leaving wide margins. The original plus one copy should be submitted. Manuscripts are received with the explicit understanding that they are not simultaneously under consideration by any other publication. Publication elsewhere may be subsequently authorized at the discretion of the editor.

Brief, concise **articles** are preferred; an ideal manuscript will not exceed five double-spaced pages. All material will be edited by the editorial staff to assure clarity, good grammar and appropriate language, and to conform to KANSAS MEDICINE style and format. When feasible, material may be condensed.

The author will be asked to review the **galley proof** prior to publication. Although editing and proofreading will be done with care, the author is responsible for accuracy of material published. The galley proof is for correction of ERRORS; rewriting of material *must* be done prior to submission. Authors are urged to check manuscripts and galley proof carefully for errors that could result in inaccurate information.

Drugs should be referred to by generic names; trade names may follow in parentheses if useful. All **units of measure** must be given in the metric system.

KANSAS MEDICINE will print a maximum of **ten references.** All references should be keyed with superscripts in the text in the order cited. If more than ten sources are cited, readers will be referred to the author for the complete list.

Illustrative material must be identified by its referral number in the text and be accompanied by a short legend. **Photos** should be black-and-white glossy prints. **Tables** should be self-explanatory and should supplement, not duplicate, the text.

KANSAS MEDICINE will assume the cost of black-and-white figures and tables for two units. A unit is defined as ¼ page. The author(s) will be billed for additional units at cost.

A **reprint** order form with a table showing estimated cost will be sent with the galley proof. Reprints must be ordered by the author through KANSAS MEDICINE, and will be billed to the author following shipment.

Cervical Spondylotic Myelopathy: A Cause of Gait Disturbance and Falls in the Elderly

DANIEL L. SWAGERTY JR., M.D.,* *Kansas City*

A 66-year-old man sought treatment for the chief complaint of difficulty walking. Over the previous six months, he had multiple incidents of tripping and falling, often while climbing stairs. He also reported urinary frequency, heaviness and paresthesias in his legs, aching in his shoulders and difficulty buttoning clothing. The only medication he took was ibuprofen, 400 mg three times per day, for osteoarthritis. Examination of his head and neck showed normal findings. There was no tenderness of the neck or shoulders. The neck flexed and extended to 60° and bent laterally to 30°. There was crepitus of the knees with normal range of motion. The musculoskeletal exam was otherwise unremarkable. Examinations of his mental status and cranial nerves were normal. Cerebellar examination was also normal. His gait was slow and slightly unsteady. Muscle tone was increased in the lower extremities with no fasciculations. Deep tendon reflexes were 3±4 throughout, except for the triceps reflexes, which were diminished. Vibratory sense and proprioception were diminished in the lower extremities. Extensor plantar responses were present. Prostate exam was unremarkable. Blood studies, including vitamin B_{12} level, thyroid panel, and fasting glucose were all normal. MRI of the cervical spine revealed diffuse acquired spinal canal stenosis of the entire cervical spine, due to severe degenerative changes. There was more severe narrowing at the levels of the C5-C6 and C6-C7 interspaces. Mild compression was present at the sixth cervical segment. Severe degenerative changes were evident at all of the adjoining discs. Thee was no evidence of herniated nucleus pulposus.

Discussion

This patient has many of the classic signs and symptoms of cervical spondylotic myelopathy, the most frequent cause of gait disorder related to myelopathy in the elderly. Cervical spondylosis is a general term for several related degenerative changes of the spine that can give rise to compression of the cervical cord and adjacent roots. It is a disease of primarily older patients and affects more men than women. The cervical spine undergoes a slow degenerative process that begins during the third decade of life in most people. The nucleus pulposus becomes progressively desiccated and fibrotic. In addition, the normal "ball-bearing" movements of the vertebral bodies are diminished due to fibrosis of the facet joints and the progressive dehydration of the nucleus pulposus with aging. This process leads to narrowing of the intervertebral spaces and possible nucleus pulposus herniation. There is often a partial subluxation of vertebrae. The disorder produces fibrotic, stiff ligaments and body osteoporotic overgrowths that may produce recurrent trauma to the cord and nerve roots. The net effect is usually a narrowing of the spinal canal and possible compression of the spinal cord (myelopathy) by osteophytes and the ligamentation flava. Radiographic evidence of cervical spondylosis can be seen in more than 80% of individuals older than 55, but only a minority actually develop spondylotic myelopathy. The predisposing factors for cord compression are congenital narrowing of the cervical canal, trauma, larger size of osteophytes, and diseases such as ankylosing spondylosis and rheumatoid arthritis. The nonspecific gait changes (especially with more complex functions), clumsiness of the hands, sensory loss, and sphincteric disturbances found in this patient are the usual presenting complaints of cord compression. The process is seldom symmetrical. While neck pain can be a complaint, neck flexion and extension is limited and may produce pain that radiates into the extremities or down the back. Normal range of motion of the neck essentially excludes the diagnosis.

The gait disturbance of cervical spondylotic myelopathy can also be more impaired than in this patient, often manifested as spastic and shuffl-

*Dept. of Medicine, Section of Geriatrics, Eisenhower VA Medical Center, Leavenworth; Depts. of Family Practice and Internal Medicine, Center on Aging, KUMC-KC.

Address correspondence to Dr. Swagerty at "Your Older Patient," Center on Aging, 5026 Wescoe, KUMC-KC, 3901 Rainbow Boulevard, Kansas City, KS 66160-7117.

ing. As occurred for this patient, the myelopathy often interferes with complex processes (e.g., climbing stairs) before it affects walking on a level surface. Physical examination usually reveals upper motor neuron findings (hyperreflexia and increased muscle tone) below the level of compression with or without sensory changes. Signs and symptoms of a radiculopathy may also be evident and are the result of compression on the posterior columns and nerve roots. The postural instability frequently present is likely the result of a combination of motor dysfunction and impaired proprioception. This was felt to be the case in this patient.

The differential diagnosis includes mass lesions involving the spinal cord, multiple sclerosis (and other forms of myelitis), amyotrophic lateral sclerosis, subacute combined degeneration and multiple cerebrovascular accidents. Normal findings on radiographs of the cervical spine would exclude spondylotic myelopathy. Osteophyte formation, intervertebral narrowing, subluxation, kyphosis and a reduced sagittal diameter of the spinal canal (less than 10 mm) are the usual radiographic findings in cervical myelopathy. The ubiquitous nature of degenerative changes seen on radiographs of the cervical spine in the elderly does challenge the physician to determine whether these changes are clinically significant. Advanced arthritic changes may be seen in asymptomatic persons. Metrizamide-enhanced computed tomograph (CT) scan, myelography or magnetic resonance imaging (MRI) of the spinal cord are generally more helpful in confirming the diagnosis and can precisely identify the level of compression. An MRI was done initially in this patient due to the convincing presentation for cervical compression in a late-middle-aged person. Plain films might have otherwise been the initial radiographic study in a younger patient or one with less specific signs and symptoms. The use of MRI, when available, has largely replaced CT scans and myelography in the diagnosis of cervical myopathy. The advantage of MRI is its ability to provide more precise anatomic detail. Additionally, somatosensory evoked potentials can be very helpful by demonstrating normal conduction in peripheral large sensory fibers and a delay in central conduction in the mid- or high-cervical cord. Electromyography may also be useful in demonstrating radicular compression.

Treatment

Management of cervical myelopathy is difficult because its clinical course can be quite variable, with many patients having an indolent, stable course, despite significant anatomic abnormalities. Conservative treatment includes the use of a soft cervical collar, physical therapy to preserve function in weakened, spastic arms and legs, and analgesics (typically non-narcotic, nonsteroidal anti-inflammatory drugs) for pain. Cervical collar use does have the disadvantage of preventing patients from seeing their feet and the immediate area around them. This could lead to more frequent falls, a fear of falling, and immobility. For these reasons, general discomfort, and cosmetic considerations, many patients may resist cervical collar use. Surgical intervention, usually cervical laminectomy, should be considered to prevent the progression of myelopathy, especially weakness and spasticity in the hands and lower extremities. One review of surgical outcomes showed that about 85% of patients may achieve satisfactory results. This patient was evaluated by a neurosurgeon one year ago, with the mutual decision in favor of conservative care in lieu of surgical decompression. He was referred to physical therapy for a cervical collar, exercise, and training in the use of a standard walker. The patient has shown good acceptance of these interventions and a marked improvement in his ability to ambulate without falls. A referral to occupational therapy provided training in the use of several dressing aids. This also resulted in an improvement in his independence. He continues to be followed closely for a change in his clinical status, but so far there has been no progression of neurologic symptoms.

Summary

Cervical spondylosis is a very common disorder in the elderly that leads to osteophyte formation and degenerative disc disease. Compression of the cervical cord and nerve roots can occur in a small number of patients, often dependent upon a congenitally narrow canal. Cord compression produces progressive spastic paraparesis, frequently asymmetric, and often accompanied by paresthesias and sensory loss in the feet and hands. The course is quite variable. Often, symptoms are mild and do not progress. Such cases are best treated conservatively with a cervical collar and physical therapy. Elderly patients often experience progression of symptoms and more serious neurologic impairment. Surgery should be recom-

(Continued on page 229.)

Immunization of Healthy Adults

MICHAEL LAWSON, M.D.,* *Kansas City*

Last year two cases of tetanus, one fatal, were reported to the Kansas Department of Health and Environment. In neither case had the patient received prior immunization with tetanus toxoid. The medical cost of treating these two cases approached $300,000 — a sum sufficient to provide an estimated 90,000 doses of tetanus vaccine in a public health setting.[1]

Tetanus/Diphtheria

Recently individuals greater than 20 years of age have accounted for 95% of reported cases of tetanus. Equally disturbing, a large proportion of adults lack protective levels of circulation antitoxin to diphtheria. The currently recommended vaccine for adults is a combined tetanus and diphtheria preparation (Td), which is nearly 100% effective in preventing tetanus and 85% effective against diphtheria. All persons 10 years or more from their primary series (3 injections) or last booster should receive a single dose of Td. Individuals with clean minor wounds who have received a primary series or booster in the last 10 years probably do not require an additional booster. However, a "dirty" wound and no known toxoid in the previous five years should prompt a booster vaccination. Those with an unknown or uncertain vaccination history should be considered to have no prior toxoid doses.

Measles

The incidence of measles has increased sharply, due to outbreaks among unvaccinated preschool children and previously vaccinated high school- and college-age students. Many had received their previous immunization with a killed virus preparation whose effects were not sustained. The current vaccine is an inactivated live virus and also includes the mumps and rubella viruses (MMR). Persons born before 1957 should receive two doses of the new MMR vaccine. Vaccination generally should be postponed in the presence of a severe febrile illness. Minor illness such as mild upper-respiratory infections are not a contraindication to vaccination. The live vaccine should not be given to pregnant women or the severely immunocompromised.

RECOMMENDED VACCINES & TOXOIDS FOR ADULTS, BY AGE GROUP

	Age Group		
Vaccine/Toxoid	*18-24 yrs.*	*25-64 yrs.*	*≥65 yrs.*
Td*	x	x	x
Measles	x	x†	
Mumps	x	x†	
Rubella	x	x	
Influenza			x
Pneumococcal polysaccharide			x

* Td = tetanus and diphtheria toxoids
† In those born after 1956
Modified from ACIP. Update on adult immunizations: Recommendations of the Immunization Practices Advisory Committee (ACIP). *MMWR* 1991;40 (no. RR-12):56.

Pneumonia

The current pneumococcus vaccine contains purified capsular material from the 23 types of *S. pneumoniae* responsible for 88% of bacteremic pneumonia. Most healthy adults mount a twofold rise in type-specific antibody two to three weeks after vaccination, which is maintained for probably five years. While efficacies have varied widely, the data do support vaccination in high-risk groups. These include healthy adults over age 65 and those with chronic illness (i.e., cardiovascular disease, pulmonary disease, diabetes, alcoholism or cirrhosis). Revaccination should be considered for those who received their first dose six or more years ago and are at a high risk of declining titers or developing a fatal infection (i.e., chronic renal failure, nephrotic syndrome, or asplenia). Routine revaccination of low-risk patients is not recommended.

Influenza

The influenza vaccine consists of a highly purified, inactivated non-infectious virus. Annual revacci-

*Dept. of Internal Medicine, KUMC-KC
Address correspondence to the author at Dept. of Internal Medicine, KUMC-KC, 3901 Rainbow Boulevard, Kansas City, KS 66160.

nation is required, since titers from prior years decline rapidly and the wild virus antigenic determinants vary. Vaccination should begin in September, but may be given as late as March. Organized vaccination efforts should be targeted at certain high-risk patients:

- Those over than 64 years;
- Residents of nursing homes and other chronic-care facilities;
- Those with chronic cardiopulmonary disorders;
- Those with chronic metabolic diseases (including diabetes), renal dysfunction, hemoglobinopathies, or immunosuppression; and
- Health care providers.[2]

The most common side effect of vaccination is local soreness, although fever, malaise and myalgias occur rarely. Influenza vaccinations since 1976 have not been shown to cause the Guillain-Barŕe syndrome. The vaccine should not be given to those with a known hypersensitivity to eggs or any other vaccine component.

Vaccination of adults is an often-overlooked component of primary disease prevention which, in view of the high cost of disease treatment, is very cost-effective. The table provides a summary of the recommended vaccinations by age group.[3,4]

REFERENCES

1. CDC. Tetanus -Kansas, 1993. *MMWR* 1994; 43(17):309-11.
2. ACIP. Recommendations and control of influenza: Recommendations of the Immunization Practices Advisory Committee (ACIP). *MMWR* 1992;41(RR-9):4-5.
3. American College of Physicians Task Force on Adult Immunization and Infectious Diseases. *Guide for adult immunization*, 2nd ed. (Philadelphia, 1990).
4. Update on adult immunization: Recommendations of the Immunization Practices Advisory Committee (ACIP). *MMWR* 1991;40(RR-12).

COUNCIL DISTRICT MEETINGS

District 9 Meeting. Tues., Nov. 15; Salina CC, 6:30 p.m.

District 11 Meeting. Tues., Dec. 13; Olive Tree Restaurant, 2949 N. Rock Rd., 6:00 p.m.

District 18 Meeting. Tues., Jan. 17, 1995; Lawrence.

Districts 2 & 3 Joint Meeting. *Note change of date:* **Tues., Jan. 24 (time and location to be announced).**

District 15 Meeting. Tues., Feb. 14, 1995; Dodge City CC, 6:30 p.m.

YOUR OLDER PATIENT

(Continued from page 227.)

mended to arrest progression of myelopathic symptoms in patients whose general condition is satisfactory.

BIBLIOGRAPHY

Cassel CK, ed. *Geriatric medicine* (New York: Springer-Verlag, 1990), pp. 590-91.

Jefferys RV. The surgical treatment of cervical myelopathy due to spondylosis and disc degeneration. *J Neurol Neurosurg Psych* 1986;49:353.

Murry PK. Cervical spondylotic myelopathy: A cause of gait disturbance and urinary incontinence in older persons *JAGS* 1984;32(4):324-30.

Pathy MS, ed. *Principles and practices of geriatric medicine* (Chichester: Wiley Medical Pubs., 1985), p. 760.

Rubenstein LZ, Robbins AS, Schulman BL, et al. Falls and instability in the elderly. *JAGS* 1988;36(3):266-78.

Taylor J, Johnston RA, Caid FI. Surgical treatment of cervical spondylotic myelopathy in elderly patients. *Age Aging* 1991;20(1):407-12.

CARDIOLOGY NOTES

(Continued from page 232.)

There is agreement that an enlarged apical impulse among patients examined in the left lateral decubitus position, or percussive dullness more than 10.5 cm from the mid-sternal line for supine examinations are sensitive indicators of left ventricular abnormality (about 95%) with modest specificity (probably 30% to 60% for percussive dullness).

Although a normal precordial examination may indicate a low likelihood of left ventricular abnormality, larger prospective studies are needed to define the usefulness of and indications for precordial palpation and percussion in clinical practice.

REFERENCES

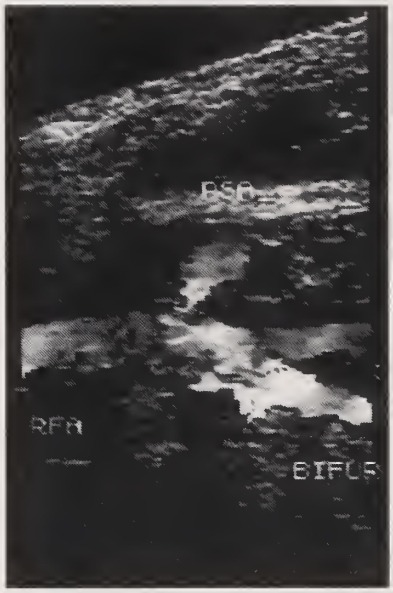
1. Eilen SD, et al. Accuracy of precordial palpation for detecting increased left ventricular volume. *Ann Intern Med* 1983;99:628.
2. Heckerling PA, et al. Accuracy of precordial percussion in detecting cardiomegaly. *Am J Med* 1991;91:328.
3. Heckerling PA, et al. Accuracy and reproducibility of precordial percussion and palpation for detecting increased left ventricular end-diastolic volume and mass. *JAMA* 1993;270:1943.

RADIOLOGY VIGNETTE

Diagnosis and Non-Operative Treatment of Pseudoaneurysm Complicating Arterial Puncture

TOM LARSON, M.D.,* AND RICHARD A. AHLSTRAND, M.D.,* *Wichita*

An 85-year-old female sought treatment for a pulsatile mass in the right groin following percutaneous arterial puncture at this site for cardiac catheterization. The radiology department was asked to rule out pseudoaneurysm.



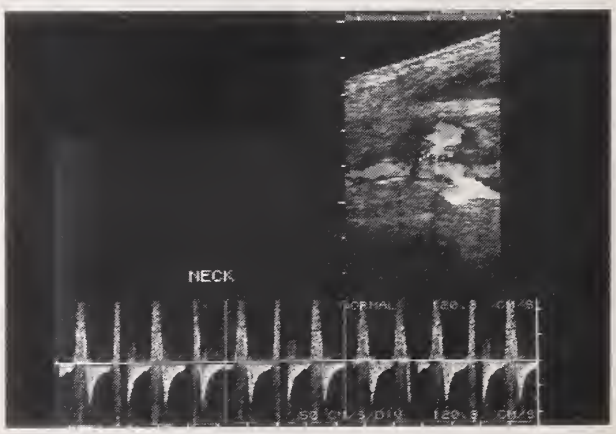
Imaging

Duplex and color Doppler sonography using a 5-megahertz linear transducer was performed in the region of the right groin. Imaging showed color flow emanating from the right common femoral artery into the pulsatile mass, which measured approximately 18 mm in maximal dimension (figure 1). Some turbulent flow was demonstrated within the mass by color Doppler, with the characteristic to-and-fro wave form in the pseudoaneurysm neck (figure 2). Direct and continuous compression of the neck with the sonographic transducer for approximately 45 minutes successfully occluded the neck, converting the pseudoaneurysm into a simple hematoma (figure 3). Continuous monitoring of the absence of flow in the neck of the aneurysm was performed for an additional 15 minutes. Sonographic evaluation was performed on two subsequent days following successful occlusion and revealed no evidence of color flow or Doppler signal within the former pseudoaneurysm.

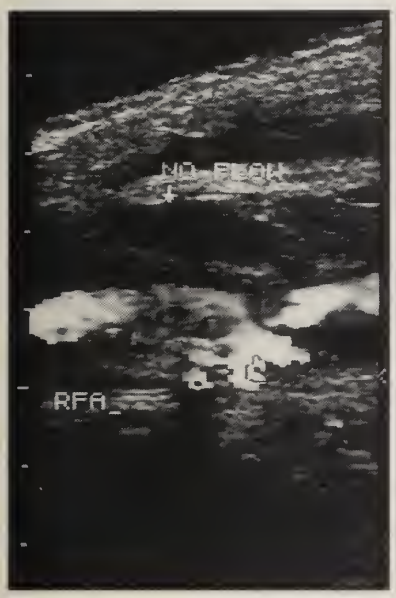
Discussion

A pseudoaneurysm has been defined in the literature as a contained extravasation of blood maintaining a patent vascular connection, or neck, with the injured parent vessel, usually arterial.[1] As demonstrated in the pseudoaneurysm case described, sonographic evaluation of groin masses, especially following interventional vascular procedures such as arteriography, is a therapeutic, as well as diagnostic, technique. Other complications can be identified, including hematoma, arterial venous fistula, thrombosis, and vessel occlusion.[1] Sonographic evaluation presents the distinct advantages of non-invasive assessment of anatomic and hemodynamic information, and real-time evaluation of the therapeutic success of pseudoaneurysm compression.[1]

Retrospective examination of approximately 57 groin sonograms performed from October 1992 to October 1993 revealed that five of 17 pseudoaneurysms identified were occluded successfully with direct compression by the ultrasound probe. Six sonographic occlusion attempts were



*Dept. of Radiology, UKSM-Wichita
Address correspondence to Dr. Ahlstrand at UKSM-Wichita, 1010 N. Kansas, Wichita, KS 67214.



unsuccessful and required surgical correction. Another 6 pseudoaneurysms were identified, but no attempt was made to occlude sonographically. In addition, 14 hematomas, one abscess and one large varicosity of the right saphenous vein were also identified.

A higher percentage of successful pseudoaneurysm occlusions have been performed since October 1993, evidence of additional experience with the technique, and a larger number of referrals have occurred as wider acceptance is gained of this non-invasive method.

REFERENCE

1. Foshager MC, Finlay DE, Longley DG, Letourneau JG. Duplex and color Doppler sonography of complications after percutaneous interventional vascular procedures. *Radiographics* 1994;14(2):239-53.

...dedicated to managing the costs of operating a medical practice

- allowing physicians to concentrate on the practice of medicine
- offering volume purchasing of forms, paper goods, and office equipment
- developing capacity to offer expert legal advice on contracts, reimbursement, and other legal issues

MSC
MEDICAL SERVICE
CORPORATION

A KaMMCO Company
Sponsored by the Kansas Medical Society

- providing physicians an advocate in areas of purchasing, compliance, and management
- providing practice monitoring, assessment, and complete office management
- acting as a proven advocate for physicians, endeavoring to create a unified voice in medicine

Wichita Office
400 N. Woodlawn, Ste. 106
Wichita, KS 67208
316-681-3425
Fax 316-681-3554

Shawnee Mission Office
8600 Shawnee Mission Pkwy., Ste. 305
Shawnee Mission, KS 66202
913-262-8282 800-779-8201
Fax 913-262-8458

Topeka Office
623 SW 10th Ave., Ste. 200
Topeka, KS 66612
913-232-1015
Fax 913-232-4704

Is Precordial Percussion Worthwhile?

DONALD L. VINE, M.D.,* *Wichita*

There is little disagreement that the demonstration of cardiac enlargement is clinically useful for documenting the presence and severity of heart disease. There are those, however, who believe the only useful plexor is an ultrasound transducer attached to an echocardiographic recorder, and that palpation is not worth the time required for its performance.

Physical vs. Echo

Eilen and colleagues[1] evaluated 41 men who had a good-quality, two-dimensional echocardiogram and a palpable apical impulse when studied in the left lateral decubitus position. Left ventricular volume was determined by echocardiography and left ventricular hypertrophy by electrocardiographic or echocardiographic criteria.

Only 20 patients (50%) had a palpable apical impulse when evaluated in the supine position. Of these, all with an increased left ventricular end diastolic volume had a palpable apical impulse that was 10 cm or further from the mid-sternal line (sensitivity = 100%), but eight of 12 with a normal-sized left ventricle also had an abnormal apical impulse (specificity = 33%).

When the diameter of the apical impulse with the patient rolled 45° into the left lateral decubitus position was 3 cm or greater, 17 or 19 patients with left ventricular abnormality had an apical impulse larger than 3 cm (sensitivity = 85%). Twenty of 22 patients with no abnormality had an apical impulse less than 3 cm (specificity = 91%).

Physical vs. Chest X-ray

Heckerling[2] and associates evaluated 100 male and female patients without obstructive airway disease by performing light indirect precordial percussion in the supine patient. The distal interphalangeal joint of the left middle finger was percussed along each of the second through sixth intercostal spaces at 1 cm intervals until audible or palpable dullness was observed. Cardiomegaly was defined as a cardiothoracic ratio greater than 0.5 on chest x-ray.

The presence of dullness more than 10.5 cm from the mid-sternal line in any intercostal space (usually the fifth) had a sensitivity of 97% and a specificity of 61% for predicting cardiac enlargement. The presence of obesity increased the number of false-positive percussion results.

The apical impulse was palpable in only 40% of these patients, but if more than 10 cm from the mid-sternal line, the sensitivity was 92% and specificity was 88% for the presence or absence of cardiac enlargement by chest x-ray.

Physical vs. Tomography

Heckerling's group[3] also compared percussion and palpation findings with left ventricular hypertrophy and/or enlargement as assessed by computed tomography in 103 male and female patients. Using percussion dullness of more than 10.5 cm from the mid-sternal line as evidence of left ventricular abnormality, the sensitivity of the percussive examination was 91% and the specificity was 30%.

The apical impulse was palpable in only 30% of patients examined in the supine and 53% in the left lateral decubitus position. The sensitivity and specificity of an apical impulse greater than 10 cm from the mid-sternal line during supine examination was 62% and 31% for increased left ventricular size and 100% and 42% for increased left ventricular mass. For apical impulse greater than 3 cm on left lateral decubitus examination, corresponding sensitivities and specificities were 100% and 40% for left ventricular enlargement and 100% and 35% for left ventricular hypertrophy.

Comments

The studies validating the accuracy of precordial examination are limited to a total of 156 men and 88 women with a variety of cardiovascular diseases. Only 28 patients[2,3] were examined by two observers. Among these, diagnostic agreement beyond chance was modest (about 50% to 75%).

(Continued on page 229.)

*Associate Professor, Department of Medicine, University of Kansas School of Medicine-Wichita.

Address correspondence to Dr. Vine, Department of Medicine, UKSM-W, 1010 N. Kansas, Wichita, KS 67214.

CLASSIFIED ADVERTISEMENTS

Classified advertisements are $7.50/line for KMS members; $9.50/line for non-members; 5-line minimum. Payment must accompany copy. Deadline is 20th of the month preceding month of publication. Box numbers are available at no charge. All advertisements are accepted subject to approval by the Editorial Board.

THINKING OF SELLING your practice? Are you asking yourself these questions: What's the best selling price? Who will help me negotiate and structure the sale for my best benefit? How much cash can I expect at closing? Where are all the prospective purchasers? We have the answers and specialize in the sale of professional practices. Please contact Glenn Harwell, Harwell, Forrest, and Hardin, Marketers of Professional Practices, P.O. Box 4422, Denver, Colorado 80155; 303-721-1978.

THE COLMERY-O'NEIL Department of Veterans Affairs Medical Center, Topeka, Kansas, is recruiting for a physician (half-time) for new 75-bed psychogeriatric nursing home care program. Person in position to work with psychiatrist and other team members in improving functioning of primarily elderly patients with special behavioral needs. Applicants with experience and qualifications working with the elderly preferred (e.g., Internist, Family Practitioner); appropriate others considered. For more information, contact Roy B. LaCoursiere, M.D., 913-272-3111, ext. 2277.

EMERGENCY MEDICINE opportunity for a BC/FP less than 1 hour from Wichita; $121,000 annual remuneration with no on-call responsibilities. Moderate volume and professional liability insurance procured on your behalf. ACLS required. Please contact Brian Nunning, Coastal Emergency Services of St. Louis, Inc.: 800-326-2782.

EXPLORE THE POSSIBILITIES! We are currently seeking primary care physicians specializing in Family Medicine, Pediatrics, Occupational Medicine, Internal Medicine, and OB/GYN for a variety of group practices throughout the Midwest and New York State. Surgical and subspecialty physicians are also needed for a variety of locations. We represent practices in all types of settings in communities of every size. New opportunities become available every month. Whether a practice change is imminent, or just a future consideration, we have the information you need. Call 1-800-243-4353, or write to Strelcheck & Associates, Inc., 10624 N. Port Washington Road, Mequon, WI 53092.

TIME FOR A MOVE ?
FP, IM, OB/GYN, PEDS...

"We won't sell you on a practice - if we don't have it, we'll find it."

Kansas 40+ Cities:		National 750+ Cities:	
Kansas City	Jacksonville	Atlanta	Houston
St. Louis	Columbus	Richmond	El Paso
Chicago	Cincinnati	Syracuse	Boston
Springfield	Louisville	Birmingham	Nashville
Alton	Little Rock	Lincoln	Florence
Evansville	Wichita	Cleveland	New Orleans
Indianapolis	Dallas	Des Moines	Tampa

We cover every community in the country
New openings daily!



The Curare Group, Inc.
(800) 880-2028, fax (812) 331-0659
M-F 8am-7pm, Sat 12-4 CST

XE
NEW ENGLAND JRNL OF MEDICINE
10 SHATTUCK ST
BOSTON MA 02115-6011
1-409003

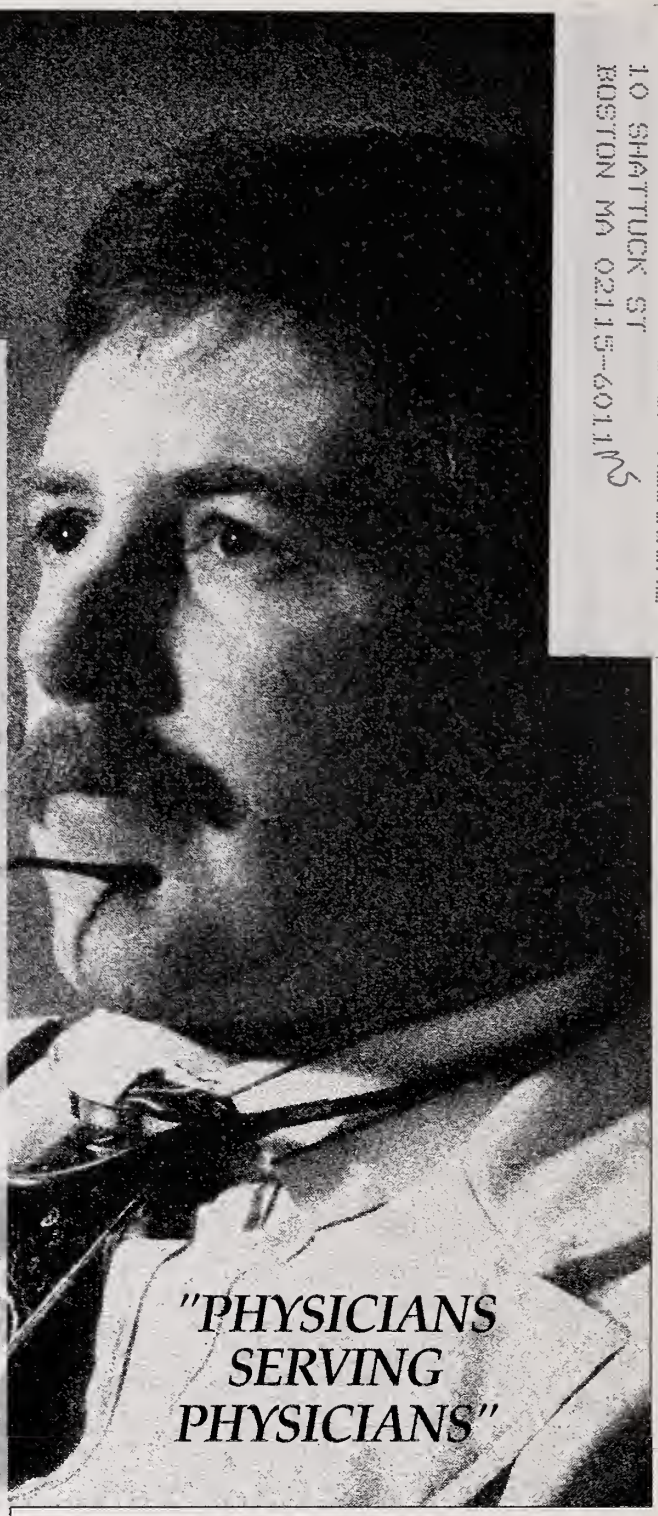
ANNOUNCING SOMETHING UNCOMMON... A COMMON SENSE APPROACH

Who understands the challenges facing today's physician better than other physicians? KaMMCO was formed *for* physicians, *by* physicians, to provide you with competitive rates and innovative services. Physician owned and controlled, we set the standards for superior service and uncompromising protection.

Among the personal services we provide are:

- Technical advice and information on a variety of health care law issues
- Physician focused management and purchasing services through Medical Services Corporation
- Strong defense of non-meritorious claims and physician support during claims
- Close working relationship with the Kansas Medical Society
- Legislative advocacy
- Loss prevention activities for physicians and staff
- Medical office reviews
- Personalized member service and toll-free access

Physicians serving physicians...it's just common sense.



KaMMCO

KANSAS MEDICAL MUTUAL INSURANCE COMPANY

623 SW Tenth • Topeka, Kansas 66612
(913) 232-2224 • 1 (800) 232-2259

KANSAS MEDICINE

JOURNAL OF THE KANSAS MEDICAL SOCIETY

November 1994 Volume 95, Number 11



BOSTON, MA
DEC 16 1994

- Health Care Stabilization Fund
- The Medical Information Superhighway
- Occupational Injuries
- Malaria in Kansas

KANSAS MEDICINE

VOLUME 95 · NUMBER 11 · NOVEMBER 1994

CONTENTS

Scientific Article

248 Occupational Injuries: The Need for Preventive Strategies
Prevention, based on individual risk factors, is the best treatment.
J. Mark Melhorn, M.D.

Departments

234 Cover Story
236 Editorial Comment
238 President's Message
240 Medicina et Lex
242 Alliance News
243 Vox Dox
244 Medicine and Computers
246 Your Older Patient
253 Preventive Medicine
255 News from KDHE
256 Horse and Buggy Doctor
258 Classified Advertisements
260 Cardiology Notes

Miscellaneous

239 Change-of-Address Form
259 Memo to Retiring Members

EDITORIAL BOARD

Warren E. Meyer, M.D., Acting Editor
M. Martin Halley, M.D.
David S. Jacobs, M.D.
Harry G. Kroll, M.D.
Donald R. Pierce, M.D.
James H. Ransom, M.D.
William J. Reals, M.D.
Donald L. Vine, M.D.
Anne D. Walling, M.D.

BOSTON, MA
DEC 16 1994

STAFF

Susan Ward
Production Editor

Jeremy Slaughter
Business Manager

KANSAS MEDICINE (ISSN 8755-0059) is published monthly by the Kansas Medical Society, 623 W. 10th Avenue, Topeka KS 66612. KMS membership includes a one-year subscription for which $15 is allocated from each member's dues. Rates to others: $45/yr domestic; $50/yr foreign. Printed by The Ovid Bell Press, Inc., Fulton MO. Second class postage paid at Topeka KS and at additional mailing offices. POSTMASTER: Send address changes to KANSAS MEDICINE, 623 W. 10th Avenue, Topeka KS 66612.

Indexed in *Hospital Literature Index* and *Index Medicus*. Available through University Microfilms. Listed in *CC/Clinical Practice*. Search Resource for Institute for Medical Information, Inc., and Medical Search, Inc.

Copyright 1994 by the Kansas Medical Society. Permission to reproduce materials published herein must be obtained from KANSAS MEDICINE and the author(s). Although effort is made to publish only accurate articles and legitimate advertisements, KANSAS MEDICINE denies legal responsibility for statements, opinions or advertisements appearing under the names of contributors or concerns. Address all correspondence to: KANSAS MEDICINE, 623 W. 10th Avenue, Topeka KS 66612.

ABOUT OUR LOGO

In January 1935, a new logo appeared on the cover of KANSAS MEDICINE for the first time. This device represents two stethoscopes: the original monaural type as used by Läennec, and the modern binaural variety. The logo was designed expressly for KANSAS MEDICINE by renowned graphic designer Bradbury Thompson, a native of Topeka and friend of two former editors of the journal, Dr. W.M. Mills and Dr. Lucien Pyle. As another former editor, Dr. Orville R. Clark, wrote in January 1955, the logo "has become as much a part of the journal as any of the features on the inside and is something which is ours alone."

HIGH-QUALITY HUNTING FOR DISCERNING SPORTSMEN

WILD AND RELEASED PHEASANT, WILD QUAIL

Do-it-yourself to full-service hunts, $150-$350. Includes use of roomy, comfortable lodge and kitchen facilities.

• Excellent birds on 3,000 acres of mixed grass, cropland and creek bottoms along Shoo Fly Watershed.

• Small groups & individual hunter attention our specialty.



For more information, call:
Allan Helsel, President
The Hunnewell Hunting Club
RR1, Box 9
South Haven, KS 67140

316-892-5821 (9-3, M-F)
316-892-5869 (after 7:30 p.m., any day)



Rural Health

18th Annual National Conference
National Rural Health Association
May 17–20, 1995
Atlanta, Georgia

COVER STORY

This month we feature the work of Eureka native Jim Brothers, a sculptor who is gaining attention for his realistic bronzes and monuments. Brothers has had experience as a cowboy, social worker, police officer, day laborer, auto mechanic and teacher, and he draws on those experiences for his work. Now residing on the northern fringe of Lawrence near the Kaw River, in a house filled with 19th-century family photos and memorabilia, Brothers describes himself as "the most non-politically correct artist in the country" and adds, "Kansas is the last stronghold of sanity. I want to document that while it is still alive." He and his works are achieving a national and international reputation for their representation of the Kansas of simple values, hard work and solid faith. It is said his art deeply touches the Kansas soul and shows viewers, often for the first time, that this state *has* a soul.

You might already be familiar with his work "The Vision," an eight-foot statue of a frontier boy awaiting the arrival of an unseen steamboat. It is the centerpiece for the River Market in Kansas City, Missouri. Brothers has sculpted a bust of Amelia Earhart for the Earhart Museum in Atchison and has just completed a full-length portrait of Mark Twain for the Twain museums in Hannibal, Missouri, and Hartford, Connecticut.

"The Healer, #2" (on the cover) and "The Healer, In the Storm" (below) depict a time when the practice of medicine was very different than it is today. The two bronzes show the dedicated doctor braving the Kansas elements to make a house call and then bringing to his patient care that was more art than science.

These works bring to mind the book *Horse and Buggy Doctor,* by Arthur E. Hertzler, M.D., founder of the Hertzler Clinic in Halstead and builder of the Halstead Hospital (see page 256). One more recent portrayer of a similar frontier physician was Kansas native Milburn Stone, the beloved Doc Adams of the "Gunsmoke" series, who remembered Dr. Hertzler and wrote the foreword to his book. While Stone denied modeling Doc Adams after Dr. Hertzler, he, like Jim Brothers, tried to portray medicine as it was practiced in that period.

Each of the bronzes is one of an edition of 30. Castings of both (26" and 24") will be on display through December 14 in the lobby of the KMS building in Topeka, with the work of some other Kansas artists. Stop in and look over the building as well as the artwork.



CME OPPORTUNITIES

Nat'l. Conf. on Community Devel. Dec. 8-10, 1994, Minneapolis, MN. Call Nat. Rural Health Assoc., 816-756-3140.

Cardiology for the Geriatric Patient. Dec. 10, 1994, St. Louis. Washington U. Med. Sch., 800-325-9862.

Clinical Innovations in OB/GYN Ultrasound. Jan. 20 & 21, 1995, San Antonio. Call Mtgs. & Mgmt. Techniques Plus, 516-561-4223.

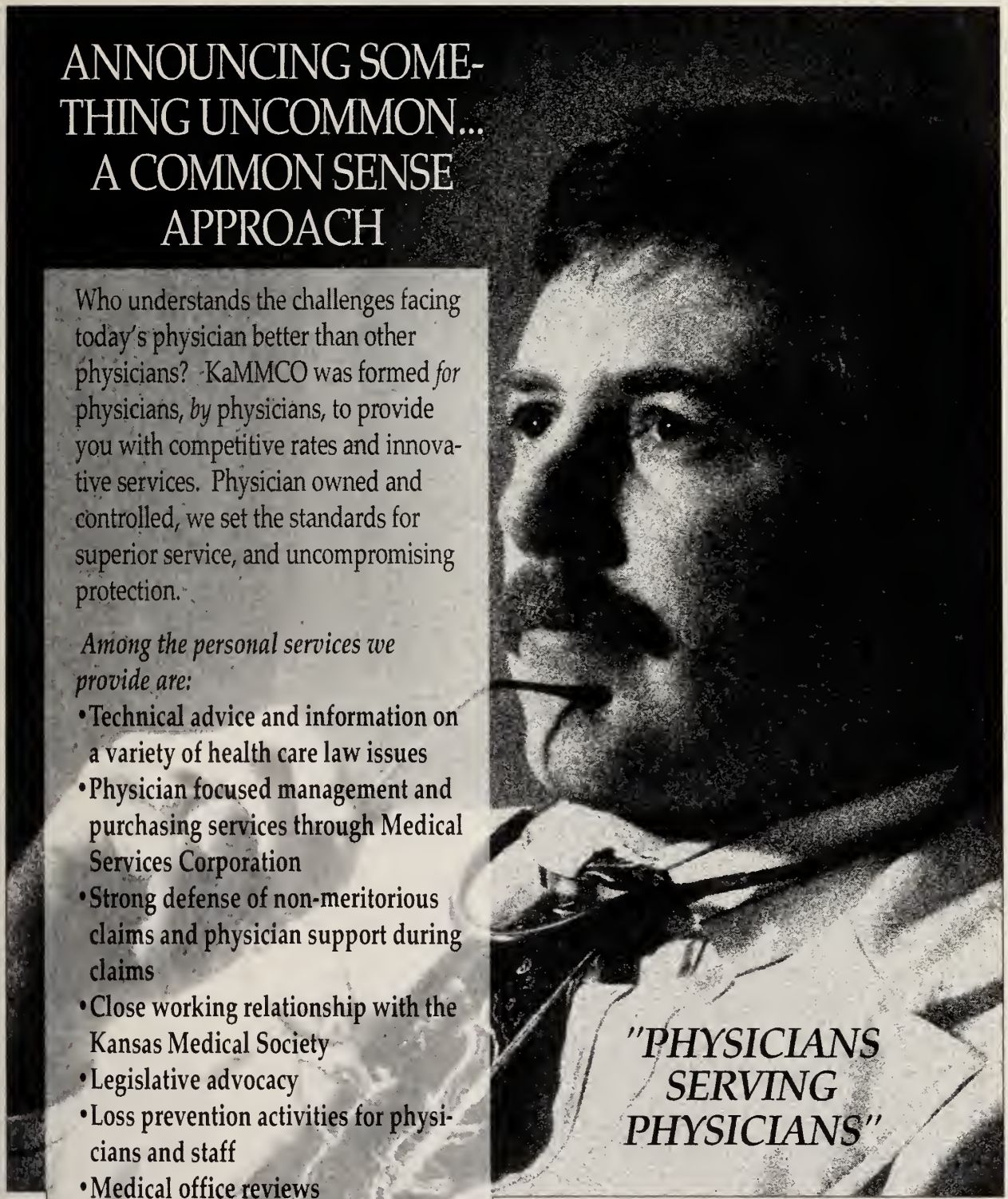
Ambulatory Obstetrics and Gynecology. Feb. 5-7, 1995, Lake Tahoe. Call UC Davis Med. Ctr., 916-734-5390.

Healthcare Info. and Mgmt. Systems Soc. Conf. Feb. 12-16, 1995, San Antonio. Call 312-664-HIMS. (Fax: 800-469-5446.)

Nutrition for the Older Adult. March 23, 1995, KSU, Manhattan, Ks. Call Diane Sanders, Ks. Nutrition Council, 913-532-1670.

American Occupational Health Conference. April 28-May 5, 1995, Las Vegas, NV. Call 708-228-6850. (Note: This overlaps KMS Annual Meeting time.)

ANNOUNCING SOMETHING UNCOMMON... A COMMON SENSE APPROACH



Who understands the challenges facing today's physician better than other physicians? KaMMCO was formed *for* physicians, *by* physicians, to provide you with competitive rates and innovative services. Physician owned and controlled, we set the standards for superior service, and uncompromising protection.

Among the personal services we provide are:

- **Technical advice and information on a variety of health care law issues**
- **Physician focused management and purchasing services through Medical Services Corporation**
- **Strong defense of non-meritorious claims and physician support during claims**
- **Close working relationship with the Kansas Medical Society**
- **Legislative advocacy**
- **Loss prevention activities for physicians and staff**
- **Medical office reviews**
- **Personalized member service and toll-free access**

Physicians serving physicians...it's just common sense.

KaMMCO

KANSAS MEDICAL MUTUAL INSURANCE COMPANY

623 SW Tenth • Topeka, Kansas 66612
(913) 232-2224 • 1 (800) 232-2259

Labeling for Physicians?



An article entitled "Is the Malpractice Data Bank Going Public?" in the September 26 issue of *Medical Economics* caught my eye. It recorded the attempts of important consumer groups and legislators to draft legislation that would give everyone access to a doctor's history of malpractice payments and disciplinary actions. Thus far they have not been successful, but we all know that on Capitol Hill there's always another day and another session of Congress.

The National Practitioner Data Bank (NPDB), a federal depository of reports on disciplinary actions against physicians and malpractice payments made on their behalf, was originally intended to be strictly confidential, available only to hospitals, HMOs, state licensing boards, professional societies and individual physicians who want to review their own records. August E. Miller, Jr., past president of the Idaho Academy of Family Physicians, held that idea. "Later," he states, "we learned that a couple of hundred thousand people would have access to it." But if Rep. Ron Wyden (D-Ore.) and Rep. Scott Klug (R-Wis.) have their way, everyone in America would be privy to the bank's data — and they have proposed legislation to that effect. Rep. Wyden is fond of saying that Americans can get more information about their breakfast cereal than they can about their physician. Their bill has been ignored in the frantic flurry of activity that surrounded the last days of health care reform (it was a part of the Senate's Mitchell bill), but while it is gone for this legislative session, the initiative is bound to reappear in some form in future sessions, and some feel it is an idea whose time is coming.

The Wyden-Klug bill, in addition to requiring the NPDB to publish a book with the "low-down" on doctors twice a year and send it free of charge to public libraries nationwide, contains other provisions:

- Give complete access to the data to PPOs, putting them on equal footing with HMOs, hospitals and other authorized agencies.
- Prevent individual physicians from hiding behind their group practice or hospital affiliation when involved in malpractice payments.
- Require federal and state hospitals and agencies to report to the bank.
- Require medical boards to report license denials.
- Require medical boards to query the bank when considering new or renewal applications.
- Define circumstances under which insurers could and could not make malpractice payments against the wishes of the involved physicians.
- Extend due process rights to physicians in networks.

The bill has the backing of the powerful Association of Retarded Persons, the American Medical Peer Review Association (made up of state-based Medicare quality review organizations), a variety of consumer groups, and others. Physicians may applaud some of the bill's provisions, but while the bill does prevent publishing information on a doctor's malpractice experience until two malpractice payments have been made on his behalf, that's one strike fewer than the federal government's recent crime reform gives hardened criminals.

Arguments against this type of legislation have also been forthcoming. Chicago attorney Mark E. Rust, Chairman of the American Bar Association's Medicine and Law Committee, says, "The good that will come from public access to the data bank is marginal, but the problems will be substantial. What good has come from the hospital mortality data HCFA has released? They've been routinely misunderstood by the media, that's all. The same would happen with information from the data bank."

Taking the information out of context could be another potential hazard. Two suits against a midwestern family practitioner could be more significant (since the geographical area is less likely to bring suit and even less likely to sue a family physician) than two suits against an orthopedic surgeon from Florida who may have accumulated those suits while in his or her residency. I know of two instances where awards were made without any proven guilt by the physician. In one the judge overturned the jury's verdict of innocent. In the other, although the jury found no fault with the doctor's treatment or competence, it awarded $250,000 because it felt the family "deserved something." Until recently the data bank relied heavily on the reporting entity's input, but earlier this year the bank began letting

the physician file a brief statement in response to adverse state action or malpractice payment reports. However, the statement can be no more than 600 characters. That's not very long, but it's the same amount of space the reporting entity is allowed.

Many lawyers indicate that the mere existence of the present data bank has dampened physicians' enthusiasm for arbitration and out-of-court settlements. If the information is then made available to the public, physician resistance to settling would increase many-fold. With doctors resisting malpractice settlements and disciplinary actions by hospitals, the situation isn't likely to result in less costly health care.

Many feel that organized medicine's opposition to the proposal has been soft (some have said spineless). Yet it is hard to insist on the patient's right to choose his or her own physician and then oppose giving the patient information on which to make an intelligent choice.

Another tack is to suggest that the NPDB stop gathering information on payouts of less than $30,000 (AMA) or of less than $50,000 (Physician Insurers Association of America). The former would reduce malpractice reports to the NPDB by 38%, the latter by 50%. Of course, these proposals are not agreeable to all parties.

"As medicine moves toward market competition, public reports on doctors may become inevitable," says Michael Pretzer, Washington Editor of *Medical Economics* and author of the story. "A clean data-bank record, along with advertising, could be the essential physician survival tools down the road. If that day arrives, Wyden's breakfast cereal comparison will be on target."

There are many more features to a satisfactory doctor-patient relationship than malpractice payments and state disciplinary actions. We have written about the need for mutual trust, a blending of personalities, confidence and other intangibles that elude the most exhaustive screening. This situation reminds me of the man who was looking for the perfect wife. He searched long and hard, but there was always something not quite right, not quite perfect with each of the prospects. Finally he found the woman of his dreams — the perfect woman — the one with whom he would gladly spend the rest of his life. Unfortunately, she was looking for the perfect man. The physician also has the right to choose whom he or she will serve! W.E.M.



GET MORE FOR YOUR RESIDENCY.

Become an Air Force sponsored resident and remain in your training program while you enjoy the pay and benefits of an Air Force officer. Then serve two years as an Air Force physician or specialist...enjoying a great start without the financial/administrative burden of starting a practice. Find out how to qualify for Air Force residency. Call

USAF HEALTH PROFESSIONS
TOLL FREE
1-800-423-USAF

AIR FORCE

Health Care Reform: Dead in the Water, or Just Biding Its Time?



Even though most observers of the congressional efforts toward health system reform had suspected it for some time, senate majority leader George Mitchell officially pronounced health care reform dead in the 103rd Congress.

Although there may be some "death spasms" in the waning days of the Congress, there seems little likelihood of any significant legislation passing because:

- Senate mainstreamers don't have the votes, and it is hard to see how they will pick them up.
- House single-payor advocates are flatly opposed to a scaled-down reform package.
- House moderates are skeptical, too. One was quoted as saying that incremental reform wasn't worth the likely price tag: big Medicare cuts.
- Health reform no longer seems to be a burning issue for the public — and it has become very confusing.
- Time has simply run out for the 103rd Congress.

Why Did National Health Reform Fail?

A postmortem suggests the following reasons for the demise of this year's effort at health care reform:

Complexity: The 1,300+ pages of the massive Clinton Health Security Act touched on every aspect of health care. The bill's size and scope of detail made it an easy target for charges of "bureaucracy run amok."

Delay: The bill's introduction was seven months late, postponed from May to November of 1993. That pushed the start of congressional consideration into an election year and gave opponents time to gear up.

Misjudgment: The administration badly miscalculated the willingness of insureds to risk changes to their own insurance for the altruistic goal of covering the uninsured.

Politics: By leaving Republicans out of the loop during the planning and drafting process, the administration virtually assured their non-cooperation.

Remembering "Catastrophic": Democrats and Republicans alike still bitterly remember the debate over the Medicare Catastrophic Coverage Act of 1987-88, when a tidal wave of angry senior citizens forced Congress to overturn the very legislation they were supposed to have wanted. Similarly, there was something to offend just about everyone in the Health Security Act — and a perception (whether or not accurate) that those members of the electorate most likely to benefit under the Health Security Act were those least likely to vote.

Another reason for the demise, in my opinion (and one the "pros" don't talk about) is the lack of significant involvement of physicians in the planning process. I submit that one of the fundamental errors of judgment made by the Clinton Administration was to essentially exclude physicians, and especially organized medicine, from that process — and in that way guarantee their lack of cooperation. This error underestimated the lobbying force of the American Medical Association through its member physicians and their patients.

So What Lies Ahead?

At this point nobody knows what the outcome will be. But the recent election results will have a major impact on any renewed effort to pass health care reform. Some guesses:

- Any health reform that succeeds in the 104th Congress is certain to be more incremental and bipartisan.
- Major Medicare and Medicaid spending cuts will certainly be on the agenda as Congress feels pressure to cut the deficit.
- Congress will be pressured to get out of the way and allow the 50 states to become the laboratories for health care reform experimentation, most likely via expedited Employee Retirement Income Security Act (ERISA) waivers to facilitate state efforts to pull ERISA employees into helping to pay for the cost of care; and via Medicaid waivers permitting greater state flexibility in designing health delivery systems.

What Does This Mean For Us?

The implication is, then, that the major efforts at health system reform will be focused at the state level. If that is the case, it gives us as individuals and groups of physicians, and as a statewide organization — the KMS — a window of opportunity. If we can sit at the table in a position of professional expertise, and as a single voice, we will have a significant impact on the shape and nature of the health care delivery system in our state. But in order to have that voice, we must first accomplish five goals:

- We must speak with a unified voice. It has been said too many times that we are our own worst enemy. We must resolve our differences — between primary and non-primary care specialists, between urban and rural physicians, between geographic sectors.
- We must find ways to turn economic competition to the overall benefit of the system rather than focusing on our individual or group self-interests.
- We must show that we are truly working for the interests of our patients by, among other things, focusing on the quality of care we and our colleagues deliver, rather than simply voicing the mantra that we have the best system of health care in the world. It can always be improved!
- We must show that we can focus on cost as well as quality of care. Health care system reform will necessitate either significant increases in funding (raising taxes) or increased cost effectiveness. The wise money is on the latter.
- We must show that we, as individual physicians and as a professional organization, are willing and able to assume responsibility for the system of health care in our state.

If we don't assume that responsibility, there are other groups and organizations eager to do so — and they would control both the system and us!

Donald R. Brade, MD

ARE YOU MOVING?

To ensure uninterrupted delivery of KANSAS MEDICINE, please let us know your new address at least 6 weeks before you move. Send this form to Kansas Medicine, 623 W. 10th Avenue, Topeka, KS 66612.

OLD ADDRESS:

(Please affix mailing label here.)

NEW ADDRESS, as of _____
(DATE)

Name _____
(IF IT HAS CHANGED)

Address _____

_____

City _____

State _____ ZIP + 4 _____

Telephone (_____) _____
(FOR PUBLICATION IN DIRECTORY)

RETIRING MEMBERS, please fill in the information requested below if you wish to continue receiving KANSAS MEDICINE. You need not include your telephone number.

OLD ADDRESS:

(Please affix mailing label here.)

NEW ADDRESS, as of _____
(DATE)

Address _____

_____

City _____

State _____ ZIP _____

The Health Care Stabilization Fund After Eighteen Years

WAYNE T. STRATTON, J.D.,* *Topeka*



In 1976, Kansas health care providers struggled with seemingly endless premium increases. A number of insurance companies were withdrawing from the market, or from Kansas. Frustrated physicians were closing their doors and leaving the state. Because the situation posed a threat to the health of Kansans, the Legislature created the Health Care Stabilization Fund.

The fund provided a pool of money to satisfy claims in excess of basic limits, first set at $100,000. The data which the fund has compiled furnish an interesting micro-study of the medical malpractice problem, and the following should interest Kansas physicians:

- Since the fund's inception, 3,326 cases have been filed, of which 401 remain active. The peak number of cases was in 1987, when 318 cases were filed. For the last four years, the number has stayed relatively constant at less than 250.
- Only 20% of the closed cases required a contribution from the fund. This means the case was either dismissed or resolved favorably to the defendant, or was settled for an amount within the basic limits. This threshold was raised to $200,000 in 1984.
- A total of $186 million has been paid in settlements and judgments in 576 cases. This averages $322,674 for each case in which there has been an award.
- Approximately $16 million in attorneys' fees, expert fees, court costs, reporters' fees and other expenses have been paid in the defense of cases. This figure is lower than one might expect, since the underlying insurance carrier frequently remains responsible for the payment of such expenses.
- The balance of the fund is currently at $185 million. For the first eight years of the fund's operation, it provided unlimited coverage for claims. This was reduced to $3 million in 1984 and in 1989 to either $800,000, $300,000 or $100,000, depending on the election of the health care provider.
- Because of the changes in the limits and the frequency of claims, the surcharge has varied from a high of 135% in 1990 to the current 70% (for $800,000). It appears that it will stay in this area in the foreseeable future.
- While birth-related cases represent only 11% of the total number of cases filed, they account for 32% of the total payment from the fund.
- Hospitals and Medicare facilities traditionally account for approximately 10% of the payments and pay 17% of the surcharge. Physicians and surgeons account for 81% and pay 73% of total surcharge receipts.

Some conclusions can be drawn: a) The fund appears to be financially strong; and b) The combination of tort reform and limits on the fund's coverage have achieved a decline in the number of cases and limit on the fund's liability. Its exposure is now much more predictable.

Some prudent advice for the physician:

- Select the $800,000 fund coverage unless your practice is risk-free. This provides a $1 million coverage when combined with the underlying insurance coverage, which is not excessive in today's climate.
- If you retire or leave the state without having contributed to the fund for five years, purchase the additional tail coverage. Since insurance is written on a claims-made basis, you obviously have no coverage after termination of your commercial policy. The tail coverage will protect you in the event that a malpractice suit is filed when you are no longer covered by your primary insurance and do not qualify for fund protection.

*KMS Legal Counsel.

Comments appearing herein are not intended as a substitute for legal analysis or advice. Answers to legal questions depend largely upon the particular facts of a case. The reader is urged to consult an attorney for answers to specific legal questions.

These comments do not necessarily represent the views of KANSAS MEDICINE, or the Kansas Medical Society. For further information, contact Mr. Stratton, 515 S. Kansas, Topeka, KS 66603.

Why Do 60,000 Doctors Trust Us With Their Professional Reputations?



In an era of "not if, but when" a doctor will be accused of malpractice, your choice of professional liability coverage is extremely important. We know that *any* allegation can be devastating to both your professional reputation and your personal assets... making the company you choose critical to your future well-being. Many factors should be taken into account when making a decision.

Consider our financial strength and stability. We are rated A+ (Superior) by A.M. Best and AA (Excellent) by Standard & Poor's. No other company with an exclusive focus on the needs of the health care community has higher financial ratings.

Look at our experience. For nearly a century we have specialized in defending and protecting doctors. No other company has **successfully defended** more than 180,000 malpractice claims.

Local service is important, too. Our General Agents and Field Claim Managers work with you on every allegation. They average more than 15 years experience working with doctors and the legal system.

Why do more than 60,000 doctors trust their professional reputation and personal assets with us? No other company combines nearly a century of experience with financial strength and the local service provided by The Medical Protective Company.

For your copy of the ***FREE*** book on evaluating professional liability companies, call:

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA

Professional Protection Exclusively since 1899

800-344-1899

This Christmas . . . Support Nursing Education



We all know how important the support staff for a physician can be. Here is an opportunity to contribute to the KMSA's Scholarship Fund as a memorial in the name of a physician or physician's spouse, as a thank-you for professional services, or as a token of appreciation to a staff person with whom you work. Please consider the worthwhile cause of nursing education.

Nancy Craig

A gift idea for the floor nurses instead of chocolates that need to be worked off. . . .

The KMS Alliance has a long-standing tradition of supporting nursing education. The Memorial Loan Fund has been aiding in the education of nurses for about 50 years. The 1993 KMSA House of Delegates voted to change the fund from a loan to a scholarship and to open the scholarship to students in any allied health field, as well as nursing. Each scholarship award will be up to $500 as monies are available. Successful applicants may receive one award per year and reapply annually.

Successful applicants must already have completed one year of their education and must demonstrate financial need, have a GPA of at least 3.0, and be Kansas residents. Additionally, each will submit a letter of application which includes the purpose for entering the field of study, career goals, motivating factors, why the person is deserving of the award and how the award will make a difference in the person's life. Two letters of recommendation from faculty or other professionals are required. The local KMS Alliance must recommend the student, and one KMSA member must serve as sponsor.

The KMSA Scholarship Fund is supported by county alliances throughout the state. One concern in changing to a scholarship fund from the loan fund was how to maintain dollars for us to utilize. Traditionally, county alliances or members have donated money in honor or memory of members who have died. I urge *you*, the physicians of Kansas, to consider a donation to this fund in honor of the work of a special nurse or allied health team member. National Nurse's Day is May 6. On that occasion, a donation could serve as a thank-you to your hardworking staff. As a Christmas gift idea for the floor nurses with whom you work, your dollars would go to future nurses instead of to a box of chocolates that need to be worked off.

As 1994-95 Memorial Scholarship Fund Chairman, I am available to answer questions or to work with you in making your unique contributions count in a special way. Please feel free to contact me at 757 Anthony, Clay Center, 67432; 913-632-3548.

Thank you in advance — once again — for your generous donations and support.

Terrie Browning

VOX DOX

(Continued from page 243.)

family seeks. The modest improvements in memory and language reported in the minority of patients are unlikely to have an impact on the quality of life for this individual. The equation balancing risks and benefits will need to be examined in every patient and an individual assessment made regarding tacrine. We do not agree with Dr. Solomon that every patient should undergo such a trial.

Stephanie Studenski, M.D., M.P.H.
Director, Center on Aging
Univ. of Kansas Medical Center
Kansas City, Kansas

Dementia and the Quality of Life

To the Editor:

I appreciate your July article "Geriatric Ethics: Dementia and the Quality of Life," which raises important issues that are not easily resolved. However, I must take exception to your discussion of tacrine, the only FDA-approved treatment for Alzheimer's disease. . . .

As the director of a dementia center, I have seen first-hand how families wrestle with the difficult questions as to what is best for the patient with Alzheimer's disease. There are no easy answers, and no answer is right for every patient. However, it is crucial that every family have the right to make informed choices. It is incumbent, therefore, on every physician to fully inform families of their options. One such option is tacrine, which you have misrepresented in your article.

First, we would like to address statements made, and not made, about the safety and efficacy of tacrine (Cognex). A study published in the April 6 issue of *JAMA* reported the results of the longest and largest study to date of any Alzheimer's treatment. The study found that at the highest tacrine doses of 160 mg/day, 40% of patients improved and a significant number stayed the same during the course of the 30-week trial. This is particularly important, as Alzheimer's is a progressively dementing disease.

In regards to your statements about liver toxicity and gastrointestinal side effects, the tacrine clinical trials have all demonstrated that the liver enzyme elevations are time-related, with the majority of elevations occurring in the first 12 weeks. None of the patients who experienced elevations in liver enzymes experienced permanent liver damage. The most common side effect — nausea, not elevated liver enzymes — is controlled readily by over-the-counter medications or a brief reduction in the daily dose. These results, which you failed to report, establish that tacrine does not cause "harm" to the patient, as stated in the article.

Even still, side effects do not mean that the patient absolutely cannot tolerate the drug. In the studies, patients with elevations in liver enzymes were allowed to try the drug a second time after their levels had returned to normal. Of those patients who tried the drug a second time, a full 88% were able to tolerate the drug again, many at even higher doses than before.

While your article dismisses the benefit of tacrine, any improvement is more than most families and physicians can expect. The efficacy of tacrine is most clearly evaluated by the family, not the physician. The loved ones of Alzheimer's patients will maintain that any drug that would allow a patient to "hold his own" would be of significant benefit.

As a result of your statements regarding tacrine, I am concerned that your readers may now believe that tacrine is not well tolerated. Given that this new study affirms that the majority of patients will tolerate and benefit from Cognex, clinicians need you to provide them with this information so that they may assist their patients and caregivers in making informed, educated decisions.

Paul R. Solomon, Ph.D.
Professor of Psychology &
Chair of Neuroscience Program
Williams College, Williamstown, Mass.

Response:

Dr. Solomon's letter forcefully makes the case for a pharmacotherapy trial with tacrine in patients with dementia secondary to Alzheimer's disease. He also argues that the potential medical complication should not dissuade physicians from such a trial. While we agree that the medical complications, with careful monitoring, have proven to be benign, a variety of significant issues arise which makes use of tacrine an ethical judgment. While many medications provide symptomatic relief rather than addressing the underlying disease process, their usage requires careful calculation of risks versus benefits.

The study in which Dr. Solomon participated showed a benefit for tacrine only when patients who had dropped because of inability to tolerate the highest dose were excluded. Of particular concern to the case discussed are the cholinomimetic side effects of tacrine, which include atrial arrhythmias, nausea and vomiting. At present, this patient despite diabetes, hypertension and cardiac disease was comfortable with only occasional episodes of agitation. Our experience has been to see an occasional increase in agitation with tacrine rather than the improvement the

(Continued on page 242.)

The Medical Information Superhighway

G. ROBERT HAYDEN* AND RONALD DAVIS, M.D., M.C.S.,† *Wichita*

With all the rhetoric regarding the "information superhighway," we would like to take time out to evaluate what we think it means today and how it can be used. For many years, hospitals have been discussing the automation of the hospital medical record. Finally, with today's technology, there is real movement and opportunity in accomplishing that task. However, the majority of information regarding a patient's medical history is located at the office of the primary care physician, not at the hospital.

For patients who have required hospitalization, mountains of information exist — most of which is buried in the inner workings of the hospital and not easily retrieved. The information that was automated during the hospital stay may have been purged from the computer system and is therefore unavailable for retrieval. In addition, many services are being provided by organizations outside the hospital which, though part of the hospital enterprise, have yet another method of storage and retrieval.

Another problem we face in the area of automation is developing a common patient identifier. Each of the areas serving the patient more than likely has a unique method of patient identification.

What is automated, and how can it be accessed? Data captured at the hospital such as patient demographics, insurance coverage, family history, clinical results, emergency notification, etc., is available and being used by physicians and their office staff through networks sponsored by the hospital. However, this is normally one-way communication. Although valuable, it does not allow the physician to communicate back to the hospital. Such a system cannot continue to be the only method used to communicate with health care providers. If information systems are to assist in supporting patient care, we must develop systems that provide two-way communication.

To accomplish the objective of an information superhighway for health care, there must be multiple lanes traveling in several directions, hospital to physician, physician to hospital, physician to physician, etc. This means that not only must the hospital provide information to the health care provider, it must be able and willing to accept information directly from the health care provider such as allowing pre-admissions to occur from the office, scheduling hospital enterprise-based services, and arranging appointments, something like the way travel agents schedule airline reservations. Physician orders would be another method of utilizing information systems by providing two-way communications.

There are many opportunities to share information, but before we are able to implement them we must address the politics, security, training and support issues. Although politics should be the easiest to address, this may turn out to be one of the most difficult issues. In today's environment, we continue to think: "what's in it for me?" "if we do this it will make my job more difficult," "I can't trust the information they give me," "we've never done that before", etc. Until we come to grips with the idea that we are not going to do it the way we have in the past, we are not going to overcome the fear of letting go of the controls.

A wave of concern will move through the issue of security, resulting in this area being less sensitive and therefore less of a problem than it is today. The long-term benefit to the patient, as well as controlling the cost of moving information through the network with proper controls, will address security issues. Training and supporting health care providers and their staffs in the use of these systems is a long-term investment that needs to be made. The question is, by whom? Also, if these systems are not easy to use, the acceptance level could be very low.

Today's technology allows us to interact with

*President, Information Systems Professionals, Wichita
†Medical Director, Comprehensive Occupational Medicine Programs

Address correspondence to Dr. Davis at 315 N. Hillside, Wichita, KS 67214.

computers in a friendly environment. We have products which provide point-and-click selection through the use of icons. It is relatively easy to move data through a communication network, computer to computer or computer to user, through local and regional communication lines, at a relatively low cost. Most computer software products are designed to take full advantage of today's hardware and software capabilities. The challenge will be to protect the financial investment everyone has made in today's technology without discarding it when new features and functions are developed and made available.

Ease of use is the key. Many will agree that only instant response time is fast enough when it comes to dealing with the busy schedule in a physician's office. However, we must be realistic and recognize that instant response cannot be achieved in all situations. Therefore, we must develop and install systems which support physicians and their staffs to the point that they are willing to invest time in data input because the rewards will outweigh the effort.

Another area receiving much attention is the so-called community health information network (CHIN). The objective of a CHIN is to provide a repository of health care information accumulated from many sources: hospitals, clinics, physician offices, insurance companies, etc. The purpose would be to move and share information through the network to maximize the use of information now being collected from today's decentralized operations. This should provide a convenient method to retrieve information from another facility.

In summary, mountains of information are available at hospitals, with little now being done to make it easily accessible to the health care provider. What must happen is to expand the information network base to include the primary care physician's information, thus improving the process of delivering patient care. Once true automation is achieved and a network is in place to move the data, information systems will be in a position to assist in reducing the cost of health care and improving quality.

EMS
EMERGENCY MEDICAL SERVICES

OPPORTUNITY ALERT!!!

PRACTICE EMERGENCY MEDICINE AND ENJOY THE PERFECT FAMILY LIFESTYLE!!!

THE POSITION: **This emergency department has an annual census of 8,500 and sees approximately 50% primary care, 10% peds, 30% ortho and minor surgery, and 10% trauma. It is modern and offers state of the art equipment. Shifts are 12 or 24 hours, from 7 - 7. Our physicians enjoy a "family" type atmosphere, a pleasant working environment, and a dedicated and caring support staff. Qualified candidates should have emergency medicine experience and should be board eligible or certified in a primary care specialty.**

THE HOSPITAL **is a regional medical center, offering the most advanced diagnostic equipment, advanced laser surgery technology, telemedicine, mobile diagnostics, kidney dialysis, a complete cardiac rehabilitation program, and an inpatient psychiatric unit.**

THE BENEFITS:

- **Paid Professional Liability Insurance**
- **Health, Life and Dental Insurance**
- **Paid Professional Dues and CME**
- **401(k) Plan**
- **Five Weeks Vacation**
- **Competitive Compensation**

THE COMMUNITY: **Located in the heart of Kansas, this progressive and prosperous city features wide open spaces, panoramic sunsets, and friendly people with strong moral values. Numerous lakes provide for fishing, boating and family activities. Good schools, affordable housing, and a low crime rate make this a wonderful place to raise a family. Grab this opportunity to grow both professionally and personally! Contact: Toni Thompson, 3101 Broadway, Suite 1000, Kansas City, MO 64111 or call 1-800-821-5147.**

Geriatrics Journal Club

DONALD L. COURTNEY, M.D.,* *Kansas City*

This is the first in a series of geriatric journal clubs. In this and future journal clubs, I will try to summarize what I consider to be important new work with immediate clinical relevance. My goal is to find useful information that most readers are not likely to find on their own. I intend to emphasize papers from the geriatrics journals and the European literature. I hope you find these reviews useful. Please feel free to contact me with any comments.

Effects of antipsychotic withdrawal in elderly nursing home residents. Thapa PB, et al. *J Am Geriatr Soc* 1994;42:280-86.

This paper, by Wayne Ray's pharmacoepidemiology group at Vanderbilt, is a nice prospective study of the effects of withdrawing antipsychotic drugs in 12 community nursing homes. After an educational program designed to reduce antipsychotic use, 271 patients were evaluated at baseline and monitored for six months. Sixty-four patients (24%) had their antipsychotic medications discontinued; the remaining 207 patients continued their use of antipsychotics. Nursing staff in the homes evaluated the patients for behavior problems. A study rater, blinded to whether the patient was still receiving antipsychotics, also evaluated patients for behavior problems and psychiatric symptoms. The investigators also tested one-third of the patients, using the following standard assessments: Activities of Daily Living (ADL), Mini-Mental Status (MMSE), Geriatric Depression Scale (GDS) and Abnormal Involuntary Movements Scale (AIMS).

Results

Patients whose antipsychotic medications were withdrawn had no increase in behavior problems reported by their nursing staff. Overall, there were improvements in the patients' psychiatric symptoms (significant improvements were found in the overall score, the withdrawn depression subset, and the disorientation subset). There were no significant differences between groups on the ADL, MMSE, GDS or AIMS batteries.

Comments

This is yet another study indicating that educational programs in nursing homes can effectively reduce the use of antipsychotic medications. Unlike Jerry Avorn's randomized trial in the *NEJM* (1992;327:168-73), this study did not randomize patients to antipsychotic withdrawal. In the *NEJM* study, while there was a net improvement in patients, several patients had an increase in depressive symptoms when their antipsychotics were withdrawn. That patients did not worsen in the study by Thapa suggests that *educated* practitioners can appropriately select patients for medication reduction and have better results than with a random medication withdrawal program.

How to Change Your Practice

Educate the staff in your nursing homes about managing behavior problems without antipsychotics. Recommendations used in this study "included (1) evaluation for reversible somatic or psychosocial causes, (2) non-pharmacologic techniques for prevention and management, (3) use of low-dose antipsychotics for poorly controlled serious problems, and (4) a gradual withdrawal program for antipsychotic users designed either to discontinue the drug or to reduce the dose to the minimum level providing adequate symptom control."

Look at your patients on antipsychotics carefully. In those patients who do not have a clear psychiatric diagnosis, particularly if they seem withdrawn and depressed, try to reduce and stop the antipsychotic medications. Although the OBRA '87 guidelines had us attempting to reduce antipsychotic usage in all patients, realistically about 25% of patients in community nursing homes can have their antipsychotics stopped without adverse effects, and with expected im-

*Eisenhower VAMC, Leavenworth; and Center on Aging, KUMC-KC.

Address correspondence to Your Older Patient Column, Center on Aging, 5026 Wescoe, KUMC-KC, Kansas City, KS 66160.

provement in depressive symptoms in several.

Some excellent review articles on common problems in the nursing home have been published recently in *Annals of Internal Medicine.* The first in the series, "Physician Evaluation and Management of Nursing Home Residents," appeared in the April 1, 1994 issue (Ouslander JG, Osterweil D; 1994;121:584-92).



For more information, write to:
National Council on Patient Information and Education (NCPIE)
666 Eleventh Street, NW Suite 810 D
Washington, DC 20001
To fax your request — (202) 638-0773

...dedicated to managing the costs of operating a medical practice

- allowing physicians to concentrate on the practice of medicine
- offering volume purchasing of forms, paper goods, and office equipment
- developing capacity to offer expert legal advice on contracts, reimbursement, and other legal issues
- providing physicians an advocate in areas of purchasing, compliance, and management
- providing practice monitoring, assessment, and complete office management
- acting as a proven advocate for physicians, endeavoring to create a unified voice in medicine

MSC
MEDICAL SERVICE CORPORATION
A KaMMCO Company
Sponsored by the Kansas Medical Society

Wichita Office
400 N. Woodlawn, Ste. 106
Wichita, KS 67208
316-681-3425
Fax 316-681-3554

Shawnee Mission Office
8600 Shawnee Mission Pkwy., Ste. 305
Shawnee Mission, KS 66202
913-262-8282 800-779-8201
Fax 913-262-8458

Topeka Office
623 SW 10th Ave., Ste. 200
Topeka, KS 66612
913-232-1015
Fax 913-232-4704

SCIENTIFIC ARTICLE

Occupational Injuries: The Need for Preventive Strategies

J. MARK MELHORN, M.D.,* *Wichita*

By the year 2000, the government predicts that 50% of the American work force will have occupational injuries annually. In 1992, cumulative trauma disorders affect more than 5 million American workers. As the numbers and costs continue to rise, the recognition and control of occupational injuries have become a major concern of employees, employers, medicine and the federal government. Recent studies have identified multiple human risk factors that include age, sex, genetic makeup, the workplace, non-work environment, and linked factors. Assessing individual risk factors provides the best opportunity for prevention, which is based on reduction of individual risk. The individual monitoring program is the most promising tool for identifying risk levels. Studies of benefit-to-cost analysis for prevention programs demonstrate significant savings for the employer.

History

Occupational diseases affect 15 to 20% of all Americans, and cumulative trauma disorders (CTDs) account for 56% of all occupational injuries. CTDs are the result of multiple human factors. In 1986, the National Institute for Occupational Safety and Health (NIOSH) proposed a national strategy for the prevention of work-related diseases and injuries. NIOSH, without any specific guidelines or methods for testing, stated, "When job demands . . . repeatedly exceed the biomechanical capacity of the worker, the activities become trauma-inducing. Hence, traumatogens are workplace sources of biomechanical strain that contribute to the onset of injuries affecting the musculoskeletal system."[1]

The World Health Organization definition of work-relatedness includes "the work environment and the performance of work" as one of a number of factors that contribute significantly to the causation of CTDs.[2] In 1989, the Occupational Safety and Health Administration (OSHA) began a campaign to change the exponentially increased rate of CTDs. OSHA is quoted as claiming that more than 5 million workers, some 4% of the American work force, suffer "motion injuries" (CTDs) annually, with predictions that the figure will reach 50% by the year 2000."[3]

Industry has recognized CTDs as its greatest risk to productivity and profitability. Because of the alarming increase, every industry has concerns about CTDs. State and federal organizations have focused on how to cut costs; industry has focused on established health programs; medicine has focused on education and health guides; and OSHA has focused on mandatory reporting of the workplace. The problem with the NIOSH and OSHA approach is that they mandate goals, not solutions. Prevention has been discussed, but the lack of effective tools for evaluation of the individual has delayed modifications to try to change CTD trends.

Although the workplace may appear the same in ergonomic studies dealing with the environment or demographic information related to the worker, the workplace is uniquely experienced by the individual. Specific corrective direction by OSHA was not provided because medical and epidemiological studies on carpal tunnel syndrome (CTS) were demonstrating inconsistencies with the original hypothesis that CTS was due to the workplace.[4-25] This lack of direction left every company, small or large, on its own to develop a system to comply with the new rules. For industry to make changes, it will require tools for evaluating the individual's response to the workplace.

* Section of Orthopaedics, Department of Surgery, UKSM-Wichita

Address correspondence to Dr. Melhorn at The Hand Center, P.A., 625 N. Carriage Parkway, Suite 125, Wichita, KS 67208-4510.

The author wishes to thank Peggy Gardner, Ph.D., St. Francis Regional Medical Center, for her review of this article; and The Hand Center, P.A., for funding.

Awareness of the multiple human factors only complicates the effort to establish guides for the dose relationships or tolerance level for each individual. The difficulty for individual companies is only compounded by the multiple human factors.[6-9,11-13,26-42] In general, these factors relate to age, gender, genetic makeup, the workplace, nonwork environment, and linked factors.4 Since workplace is a contributing part of the risk level, many ergonomic studies have been established to evaluate work activities and work environment.[5-25,43,44]

Kansas History

The Kansas Department of Human Resources (KDHR) reported 35,507 upper-extremity injury claims filed between July 1, 1992 and June 30, 1993. After removing the non-classifiable or unknown group, this number represents 43.3% of all accidents. During the same time 6,573 cases were litigated at a cost of $180,057,672, and 598 cases were settled at a cost of $4,409,817.45 The following yearly reports demonstrate the increase: 1988 — 69,933 upper-extremity injuries were reported, representing 28.0% of all injuries reported; 1989 — 72,674, 29.0%; 1990 — 81,501, 29.5%; 1991 — 87,867, 30.5%; and 1992 — 89,794, 34.0%.46-50 A review of the workers compensation insurance experience in cost of direct premiums written for 1989 was $264,102,264; in 1990, $291,803,714; in 1991, $342,803,582; and figures for 1992 were not available.[46]

To improve the quality of life for the person with CTD, the state established a rehabilitation program to try to retrain the individual who was unable to return to the same work with the same employer; different work/same employer; modified work/same employer; or modified work/different employer. KDHR's Division of Rehabilitation recorded 1,398 medical management closures in 1992, compared to 1,301 the previous year. Additional review showed a 15% decrease in the number of successful medical management return-to-work closures. Vocational rehabilitation closures reflected that only 283 of 1,711 (16.5%) had a "successful return to work."[46]

Although these programs have helped some individuals with CTDs, the majority of individuals remain unemployable. Doing modified work or transitional regular work during the medical treatment phase, and early return to the work environment soon after surgery, allows the individual to maintain functional capacity. This is important if the individual is to maintain employability, and this is the reason why OSHA has mandated that employers must maintain lists of alternated and light-work jobs.[30]

The difficulty with this mandate is that not every employer's facility or available jobs will allow for the provision of light or modified work during the medical management period. Again, prevention would seem to be the best option for industry to change the present CTD trends.

Prevention Options

Prevention requires not only an understanding of the human factors, but tools to measure the effects of the workplace on the individual's risk factors. The human factors outlined below include age, gender, genetic make-up, the workplace, non-work environment and linked factors.

Age: Although nothing can be done to stop an individual's aging process, good health concepts, eating correctly, exercising, and regular medical checkups can improve the individual's general health and decrease age-related risk levels. Health programs established by some companies have been effective in reducing CTD rates. However, for the effects to remain, the individual must be encouraged to continue these health programs on a lifetime basis.

Gender: Females have a slightly higher risk level, according to epidemiologic studies. Risk level reduction suggestions have included education, training, and modification of tools and of the workplace for a smaller body frame.

Genetic makeup: Today we have a better understanding of the workplace and of the limits on the human body, but the dose relationships or tolerance thresholds for an individual remain variable. The difficulty in evaluating the dose relationships or tolerance level originates from the awareness that each individual brings a unique genetic makeup and a unique set of risk factors to the workplace. Development of tools to measure the individual's risk level is required for workplace modification.

The workplace: The debate should not be concerned with whether ergonomic stresses in the workplace are good or bad, but with how much stress can be safely tolerated by a worker. Although the workplace may appear the same by ergonomic studies dealing with the environment or demographic studies dealing with groups of people, the workplace is uniquely experienced by the individual. Ergonomic studies are able to establish general ergonomic job guides. For exam-

ple, a virtually impossible task would be to establish precisely what number of wrist and hand movements, deviations of the wrist from straight alignment or use of a force grasp should not be exceeded in a given time.

Additionally, even an ergonomically sound job may be associated with occupational illnesses when temporary changes in the workplace occur. Examples of these changes might include working overtime, working with tools that are not properly maintained, or changes in the quality or temperature of the product the worker is handling. Therefore, ergonomic exposure may vary considerably from day to day. It is these day-to-day modifications that limit the usefulness of the ergonomic tool for evaluation of individuals and their risk levels.[9,12-14,18-20,30,41,51-53]

Non-work environment: Certain hobbies and leisure activities have been demonstrated to increase an individual's risk levels, while others may decrease those levels. Education combined with modification of the non-work environment can lead to changes in overall risk levels.

Linked factors: Despite continued efforts to find the causes and identify the risks for CTDs, the very nature of multiple individual factors and workplace variation defies simple resolution. Clearly, a tool that can identify the individual at increased risk is needed.

Tools Available

Industry is directed by OSHA guidelines and the Americans with Disabilities Act (ADA) to establish occupational programs that include prevention, identification of risk, education, monitoring, medical management, and modification of the workplace.[1-2,13,54] Several different types of tools available are discussed below. Data tracking is the simplest tool. This frequently can identify an area of concern but offers little in the way of modification of risk factors.[42,52,55-56] Published guides and government guides are a by-product of the data-tracking concept. Risk factors are identified, suggested limits are set and the data are tracked again.

Often, with the multiple variables involved in the study, a specific conclusion is difficult to obtain from the repeated data.[16,19,57] Ergonomic studies have become very sophisticated in establishing risk factors. Once a risk factor is identified, it is further refined. Specific changes are suggested based on the data, and the ergonomic study is repeated for verification of improvement. Results have been mixed. Some studies demonstrate improvement, others show no relationship between the workplace and CTDs, and others are inconclusive because the workplace has changed during the study.[20,23,58-62]

The limitation of the ergonomic tool is its inability to measure the individual's reaction to the workplace.[4] Medical investigations are usually based on either retrospective or prospective studies. Most of these are outcome-oriented, the goal being to evaluate the treatment option. Little direct evaluation of the interactions of workplace and treatment process is available.

While these studies are helpful for treatment options, they offer little in the way of identifying risk factors or means of prevention.[17,63-71] Equipment-based testing requires the use of an instrument to measure the sensory, motor or nerve function of the upper extremity. Most have been compared to the nerve conduction study that is considered to be the standard for comparison, but lack the specificity and sensitivity of this test. Unfortunately, many false negatives occur with equipment-based testing, limiting its usefulness as a screening tool.[15,72-84] Monitoring programs have combined data-tracking with ergonomic studies using the medical model and supporting equipment-based testing.[10,30,83,85-87] Monitoring programs consider the individuals who make up the base of the work pyramid and are, therefore, less affected by the changing work environment. This direct assessment of the risk level for the individual, not the assessment of the non-human workplace, will have the greatest effect on changing CTD trends.[4]

Application of the Tools

National objectives for the year 2000 include the provision that 75% of workplaces with 50 or more employees will offer health promotion activities for their employees.[88] The National Survey of Worksite Health Promotion indicated that 66% of all work sites with more than 50 employees sponsor some type of health promotion activity. Two-thirds of all Fortune 500 companies offer some form of health promotion. Health promotion has become part of the workplace.[89-92] For the most part, this growth has been driven by economic considerations and a handful of studies which, despite their prominence, vary in sophistication and rigor and are not without valid criticism. With ongoing skepticism expressed by benefits managers about the use of health promotions to manage health care costs, a continuing need exists to demonstrate the economic impact of

work-site health promotion efforts.[92-96]

The Travelers Insurance Company established the "Taking Care Program" to address health concerns. Program costs for personnel, capital expenses, material and rent were determined and compared with program benefits (discounted to account for increasing pension liability for heath care costs' savings, increased productivity, decreased absenteeism, decreased life insurance claims, and program-generated income). Several additional medical management variables were changed, and the program lacked a specific tool for analysis of the risk levels for individuals. After adjusting future monies to net present value, a benefit-to-cost ratio of 3.4 was estimated for the program. Despite the limitations of the study design, the conclusion was that this program of health promotion generates a positive return on investment.[63]

Conclusions

Because CTDs are the majority of occupational injuries, industry has a responsibility both to improve the workplace and decrease the risk level for individuals. Because each individual brings a unique set of human factors to the workplace, each workplace poses a unique risk exposure for the individual. It is the combination of these two variable forces that establishes the individual's risk levels. Individual risk levels are the best predictor for CTDs, and the preferred treatment is the prevention and reduction of risk levels. Monitoring programs offer the best identification and measurement of risk levels. Since prevention can offer lower costs and improved quality of life, it is imperative that employees, employers, insurance carriers, and the medical profession establish prevention programs that focus on the individual.

REFERENCES

Selected references appear below. A complete list is available from the author.

4. Melhorn JM. CTD: The map monitoring prevention program. Kiros Research Society Annual Meeting, Florida, 1991.

6. Melhorn JM. CTD at risk factors. Kiros Research Society 2nd Annual Meeting, Snowmass, Utah, 1990.

8. Nathan PA, Meadows KD, Doyle LS. Relationship of age and sex to sensory conduction of the median nerve at the carpal tunnel and associations of slowed conduction with symptoms. *Muscle Nerve* 1988;11:1149.

12. De Krom MCTFM, Kester ADM, Knipschild PG, et al. Risk factors for carpal tunnel syndrome. *Am J Epidemiol* 1990;132:1102-10.

13. Katz JN, Larson MG, Fossel AH, et al: Validation of a surveillance case definition of carpal tunnel syndrome. *Am J Public Health* 1991;81:189-93.

44. Westgaard RH, Aaras A. The effects of improved workplace design on the development of work-related musculoskeletal illness. *Appl Ergonom* 1985;16:91-97.

61. Harber P, Bloswick D, Pena L, et al. The ergonomic challenge of repetitive motion with varying ergonomic stresses. *J Occup Med* 1992;34:518-38.

62. Hocking B. Epidemiological aspects of repetition strain injury in Telecom Australia. *Med J Austral* 1987;147:218-22.

63. Golaszewski T, Snow D, Lynch W, et al. A benefit-to-cost analysis of a work site health promotion program. *J Occup Med* 1992;34:1164-72.

85. Eversmann WW. Reduction of cumulative trauma disorders by a comprehensive ergonomic program in a major commercial bakery. Paper ASSH, ss11, 1990.



Access to Food Constitutes a Human Right

World hunger is an ever-present scourge that claims 35,000 lives each day.

Access to food constitutes a human right. In 1976, the United States Congress passed a Right to Food Resolution which declared the sense of the congress to be "that all people have a right to a nutritionally adequate diet".

Physicians Against World Hunger (PAWH), a non-profit, tax-exempt organization was founded so that physicians could collectively defend this human right by raising funds to support well-recognized, reputable organizations that are directly engaged in working with the poor primarily for the purpose of ending death by starvation.

Please join us — together physicians must help bring an end to world hunger.

Physicians Against World Hunger
#2 Stowe Road, Peekskill, NY 10566

❒ YES I wish to join PAWH in the struggle to end world hunger — enclosed is my contribution.

❒ $50 ❒ $100 ❒ $250 ❒ $500 ❒ Other _____

NAME *PLEASE PRINT*

ADDRESS CITY STATE ZIP

SIGNATURE

Please forward your tax deductible contribution to Physicians Against World Hunger #2 Stowe Road, Peekskill, NY 10566

Healthy Kansans 2000 Health Objectives

STEPHEN P. PICKARD, M.D.,* *Topeka*

In 1991, the United States Public Health Service published revised national health objectives for this decade entitled *Healthy People 2000: National Health Promotion and Disease Prevention Objectives.* Concurrent with the development and revision of national health objectives came an understanding that progress in improving the health of the U.S. population is not simply a matter of national health policy. Most of the means for changing the health of the nation are vested, either additionally or solely, in states and communities. In addition to influencing local policy, state and community health agencies and health providers are responsible for disease surveillance, clinical and preventive services delivery, health education, community-based health intervention, and environmental exposure control (e.g., water purification, waste disposal, land use).

Working with the national model, 42 states, including Kansas, have defined or are defining state-specific health objectives. The purpose of the Healthy Kansans 2000 (HK2000) initiative is 1) to identify statewide health priorities; 2) to define the impact upon Kansas of each priority health problem (e.g., baseline incidence rate); 3) to set realistic goals for reducing the health impact of each problem; 4) to identify data needed to monitor progress made toward achieving these goals; and 5) to develop recommendations for achieving these goals.

While overlap between Kansas objectives and national objectives is intended, Kansas objectives have been narrowed to those health issues perceived to be most important to Kansas. National estimates of disease impact are replaced with state estimates. For many of these issues, the disease impact observed in Kansas appears to be substantially different from that observed for the nation as a whole. Measures of disease impact must frequently be identified from data sources unique to Kansas, since many of the data sources used to monitor national objectives, e.g., National Health Interview Survey (NHIS), do not contain state-specific data.

The HK2000 Steering Committee, which is composed of a diverse group of persons selected from business, non-profit organizations, hospitals, academia, and state and local government,

*Kansas Department of Health and Environment
Address correspondence to Dr. Pickard at KDHE, 900 SW Jackson, Topeka, KS 66612.

OBJECTIVES FOR TOBACCO FOR THE YEAR 2000

Indicator	*U.S. Rate*	*Kansas Rate*	*KS Year 2000 Objective*
All Cancer	133/100,000/yr+	124/100,000/yr♦	120/100,000/yr
Lung Cancer	38.8/100,000/yr#	36.9/100,000/yr♦	34/100,000/yr
Smoking in Last Month: Grade 12	37%*	34%•	17%
Grade 9-12	28%♦	30%	15%
Smoking, Adults Age 18+	26%*	21%*	15%
Smokeless Tobacco Use: Grade 12	11.9%*	9.9%•	4%
Grade 6-12▪	5.3%♦	5.4%	2%
Smokeless Tobacco Use, Men, Age 18+▪	4.2%°	9%°	4%
People Who Work in Smoke-free Worksites§	59.7%	70%°	75%
Children Exposed to Tobacco Smoke at Home (ages ≤6 years)	39%▼	NA	20%

▼ 1986 Data # 1989 Data ♦ 1991 Data • 1992-93 Data
+ 1987 Data * 1990 Data ° 1992 Data
▪ Usage within last 30 days, males only.
§ Worked in smoke-free workplace or workplace allowing smoking only in designated areas.

designated seven broad health issues and four disease risk factors as high priority in Kansas. The health issues selected were: 1) alcohol and drug abuse; 2) cancer; 3) heart disease; 4) HIV infection and other sexually transmitted diseases; 5) infectious diseases and immunizations; 6) injuries and violence; and 7) maternal and infant health (including teen pregnancy). The priority risk factors selected were 1) inadequate access to preventive care; 2) tobacco; 3) poor nutrition; and 4) physical inactivity. These issues were selected as "high priority" based on their health impact in terms of morbidity, mortality, economic cost and preventability, and on their perceived importance in the minds of Kansans (assessed by a statewide health opinions survey).

The work of defining objectives and establishing baseline rates is nearing completion for some of these health issues and risk factors. As an example, the table presents health objectives for tobacco which were selected for monitoring, and compares the estimated state and national rates for these objectives.

The HK2000 initiative identifies sources of preventable premature death and disability for certain priority health issues in Kansas. The HK2000 objectives provide points of reference from which to measure our progress toward improving the health of Kansans.

BIBLIOGRAPHY

Committee for the Study of the Future of Public Health, Institute of Medicine. *The Future of Public Health.* Washington, D.C.: National Academy Press, 1988.

Committee on Monitoring Access to Personal Health Services, Institute of Medicine. *Access to Health Care in America.* Washington, D.C.: National Academy Press, 1993.

Model Standards Work Group, APHA. *Healthy Communities 2000: Model Standards.* Washington, D.C.: American Public Health Association, 1991.

NEWS FROM KDHE

(Continued from page 255.)

world and is becoming even more widespread. Mefloquine is currently the drug of choice for most chloroquine-resistant areas. Travelers can also reduce their risk of exposure by using a mosquito repellent containing DEET and bed netting sprayed with an insecticide, and by remaining indoors between dusk and dawn.

Primaquine can be used to reduce the risk of relapse in individuals exposed to *P. vivax* or *P. ovale* malaria for an extended period of time, such as missionaries and Peace Corps Volunteers. It is administered after the traveler has left a malaria-endemic area, usually during the last two weeks of prophylaxis. It is not recommended as a substitute for prophylaxis prior to and during travel, nor is it recommended for short-term travelers unless disease occurs. Up-to-date information on malaria prophylaxis and related topics can be obtained from the CDC publication *Health Information for International Travel 1994,* or by calling the CDC Health Information for International Travelers Hotline at 404-332-4559. *Health Information for International Travel 1994* can be ordered by calling 202-783-3238 (stock no. 017-023-00194-9).

BIBLIOGRAPHY

Centers for Disease Control. Summary of Notifiable Diseases, United States, 1992. *MMWR* 1993;41:68.

Committee on Infectious Diseases, American Academy of Pediatrics. *1994 Red Book: Report of the Committee on Infectious Diseases,* 23rd ed. (Elk Grove Village, Ill.: American Academy of Pediatrics, 1994), pp. 323-26.

U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control. *Health Information for International Travel 1994* (Washington, D.C.: U.S. Government Printing Office, June 1994), pp. 105-14.

CARDIOLOGY NOTES

(Continued from page 260.)

convince that the procedure is unnecessary and suggests the contrary — that some patients who need right heart catheterization are not receiving it.

REFERENCES

1. Shanes JG, et al. The value of routine right heart catheterization in patients undergoing coronary arteriography. *Am Heart J* 1987;113:1263.

2. Barron JT, et al. Findings on routine right heart catheterization in patients with suspected coronary artery disease. *Am Heart J* 1988;115:1193.

3. Hill JA, et al. Value of right-sided cardiac catheterization in patients undergoing left-sided cardiac catheterization for evaluation of coronary artery disease. *Am J Cardiol* 1990;65:590.

4. Kogan, et al. Usefulness of right-sided cardiac catheterization during "routine" coronary angiography. *Am J Cardiol* 1990;65:1034.

Malaria in Kansas, 1988-1993

While malaria is considered to be primarily a disease of tropical areas, it is still a concern in the U.S., mainly because of foreign travel. Malaria is caused by one of four species of *Plasmodium: P. falciparum, P. vivax, P. ovale* and *P. malariae*, with *P. falciparum* and *P. vivax* being the most commonly reported in the U.S. The disease is usually acquired through the bite of a female *Anopheles* mosquito.

From 1988 to 1993, 32 cases of malaria were reported in Kansas. As shown in Figure 1, the rate of malaria reported in Kansas has been consistently lower than the U.S. rate. However, the trend over time roughly parallels that of the U.S. Seventy-five percent of infected Kansans were males. The median age of patients was 32 years, with a range from 3 to 68 years. Sixty-seven percent of the patients were white, 22% were Asian, 4% were black and 7% were unspecified. Seventy-eight percent of reported cases occurred among U.S. nationals; 63% were civilians and 15% were military personnel. The remaining 22% of cases occurred in non-U.S. citizens. Of the 26 individuals with known laboratory results, 54% were infected with *P. vivax*, 35% with *P. falciparum*, 4% with *P. ovale* and 8% with two species (*P. vivax* plus *P. malariae* and *P. vivax* plus *P. ovale*). None of the cases was fatal.

Of the 30 cases submitted with information on recent travel, all reported visits to areas in which malaria was endemic. Figure 2 displays the cases by continent of reported travel. Of the 26 patients for whom information on prophylaxis was available, 27% were U.S. nationals who took no prophylactic drugs. Forty-six percent were U.S. citizens who took an inappropriate drug for prophylaxis, based on 1994 Centers for Disease Control and Prevention (CDC) guidelines. In most instances, these patients took chloroquine in countries with chloroquine-resistant malaria. Four percent reported not completing the prescribed prophylaxis regime. Only one (4%) U.S. citizen reported completing an appropriate prophylaxis regime. Nineteen percent of the patients were foreign nationals who would not be expected to have been taking life-long prophylaxis. It is important to note that among the 21 U.S. nationals with known prophylaxis status, malaria might have been prevented in 95% with the use of appropriate prophylaxis.

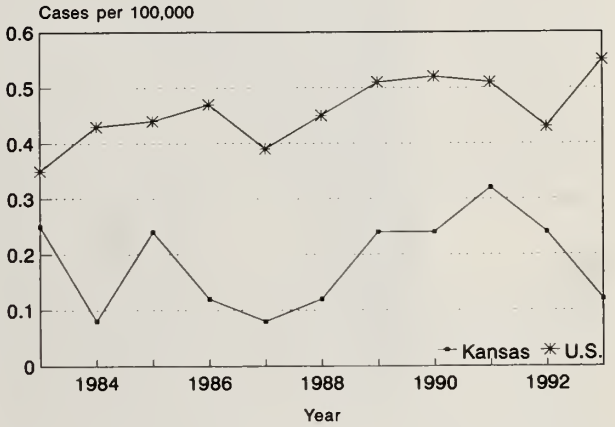


Figure 1. Malaria rate by year in Kansas and U.S., 1983-1993.

Physicians are urged to stress the importance of proper immunizations and prophylaxes for their patients prior to international travel. However, while a variety of prophylactic drugs are available for malaria, caution must be used in determining which is appropriate. Chloroquine-resistant *P. falciparum* has been documented in most of the

(Continued on page 254.)

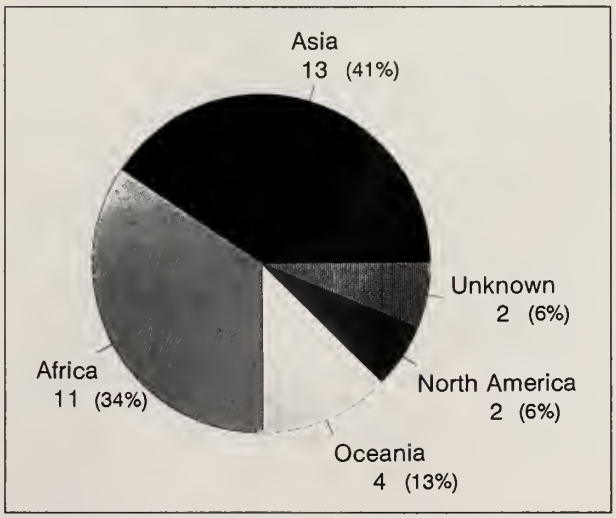


Figure 2. Malaria cases by continent of travel: Kansas, 1988-1993.

Reported by: L. Wilberschied, M.S., Epidemiology Section, Bureau of Disease Control, Kansas Department of Health and Environment.

Diphtheria

Beginning with this issue of KANSAS MEDICINE, we will publish excerpts from The Horse and Buggy Doctor. *It is the feeling of the Editorial Board that Dr. Hertzler's observations, anecdotes and wisdom transcend his time and have value for each of us in the medical field today.*

Medicine in the frontier period was strong on art and short on science, pretty much the opposite of what we have now, but we still can learn from it. Many of today's problems were problems then, and the will to improve the practice of medicine was strong. We are the beneficiaries of that will and determination, and we should work as hard and as long to pass on a better brand of medicine to those who follow in our footsteps. We hope you will enjoy these notes from the past.

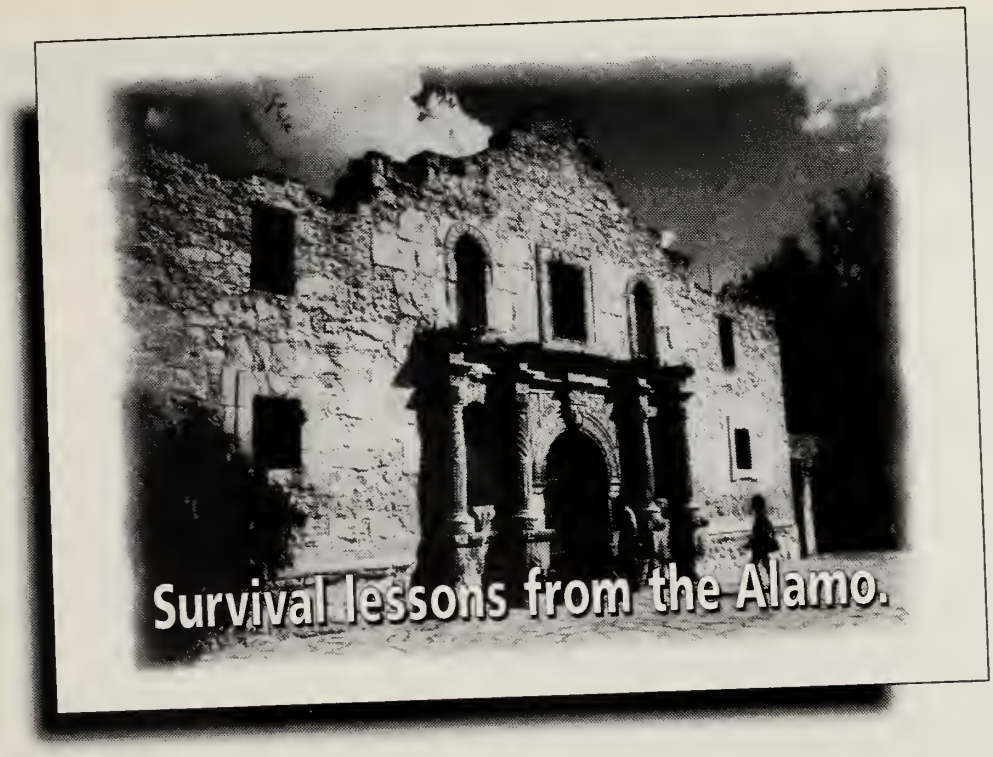
"Protect us, o God, from diphtheria!" These ringing words uttered by my father at morning prayers were my first introduction to the tragedy of diseases. The atmosphere in our home that morning was tense. Father and mother ate no breakfast, and we children, not knowing why, left the large platter of fried mush, which usually quickly disappeared, practically untouched. Soon father left home dressed in his Sunday clothes. Mother, pale and silent, continued to walk the floor, wringing her hands and going to the window now and then to look down the road. I followed and looked up and down the road too, but saw nothing. Some hours later a long line of teams came slowly down that road. Driving the lead team, a strange one, was my father, and beside him sat a man I did not know. In the bed of the farm wagon were three oblong boxes. Following were spring wagons, farm wagons, and a large number of men on horseback. Questions directed to my mother brought no answer. Father returned home after a few hours and cryptically announced as he came in the door: "Five more." Mother sank into a chair and covered her face with her apron.

As the days wore on I learned that the wagon had borne the coffins containing the bodies of three of my playmates. Five more followed in quick succession. Eight of the nine children in that one family died of diphtheria in ten days. There remained only a baby of nine months. The mother took to carrying this child constantly even when she did the farm housework. Clutched to her mother's breast, this child seemed inordinately wide-eyed as though affected by the silent grief which surrounded her. I used to steal away without knowing why and visit this home. . . .

In order to appreciate the distance medical science has traveled, let us picture the course of a typical case of diphtheria fifty years ago. The child is dumpy, listless, and feverish. It may or may not complain of sore throat, for diphtheria is much less likely than tonsillitis to produce local symptoms. The membrane more or less covers the tonsils and the adjacent regions of the pharynx, even to the nose. The pulse rate becomes rapid, even running and thready until it is uncountable. In some cases the membrane extends to the nose; one detects this extension by the appearance of obstructed nasal breathing. These cases die of toxemia, the effect of the poison produced by the bacteria. This caused the death of approximately a fourth of the patients about the sixth day. Sometimes the patient seemed better and the parents became hopeful. The doctor, noting the obstructed nasal breathing, knew those hopes were unfounded. Shall he tell the parents now that the child was doomed or shall he wait a few days, letting them hope until the blow falls?

More dramatic still were those cases in which the disease began in the larynx or extended to it from above. The membrane gradually clogs the lumen of the windpipe. The child, fevered and delirious, becomes bluer and bluer as the windpipe fills up. He is too busy breathing to cry. The appearance of the deeply blue face is made more terrible by the bulging, unseeing eyes. The head and shoulders pull back, the hands twitch. Then the entire body relaxes and the face becomes livid. The child is dead. I sat through such a terrible night once, inactive — just once. . . .

Wailing about diphtheria for centuries got us nowhere. Robert Koch began to grow bacteria on his wife's kitchen stove. The end was diphtheria antitoxin, and diphtheria has been practically wiped off the face of the earth. Perhaps that was the answer to centuries of prayer. My father, a very devout man, believed a striving to the limit in a worthy cause constituted the most eloquent form of prayer. Perhaps like measures will cure our social ills, but it is going to be necessary to look at cold facts.



Interactions

Medical Staff Leadership Conference — January 13-15, San Antonio, Texas

Health system reform might seem like a never-ending battle, but with leadership, vision, and perseverance, you and your medical staff can overcome any obstacle. Learn what it takes to succeed in today's rapidly changing environment. Come to *Interactions* in beautiful San Antonio, Texas, January 13-15.

Experience a new way of thinking about the future.

This year's conference, "Physician Empowerment and Teamwork in a Changing Environment," will help you experience a change of perspective on the 21st Century.

Learn how to manage change.

During *Interactions*, we will address emerging trends in health care delivery and how best to manage them. Among the trends we will discuss are:

- Physician/hospital relationships
- Economic competition
- Physician autonomy
- Resource allocation
- Regulatory constraints

Gain new leadership skills.

Special emphasis will also be placed on developing and refining your strategic planning, team building, and communication skills. Each participant will learn how to be a more effective arbitrator, facilitator, manager, negotiator, problem solver, and peacemaker.

Your team leaders.

Sponsored by the *American Medical Association,* in cooperation with the *National Association Medical Staff Services* and the *Texas Medical Association*, this conference features well known experts from the health care field.

Who should attend.

The curriculum is designed to benefit experienced and newly elected or appointed medical staff leaders, including: chiefs of staff, department chairs, vice presidents of medical affairs, medical staff committee chairs, and medical staff services professionals.* Bring a team from your hospital!

For more information or to register, call **800 621-8335.**

* The AMA designates the *Interactions* conference for 18 credit hours of Category 1 of the Physician's Recognition Award of the AMA.

American Medical Association
Physicians dedicated to the health of America

CLASSIFIED ADVERTISEMENTS

Classified advertisements are $7.50/line for KMS members; $9.50/line for non-members; 5-line minimum. Payment must accompany copy. Deadline is 20th of the month preceding month of publication. Box numbers are available at no charge. All advertisements are accepted subject to approval by the Editorial Board.

FAMILY PHYSICIAN. Multi-physician FP group seeking BC/BE FP or Internist for busy, progressive, growing practice. Friendly community, 5 minutes north of Kansas City airport. Good benefits. Partnership potential. Contact Dianna Silvagni, P.O. Box 1517, Platte City, MO 64079; 816-858-2750.

GREAT BEND: Coastal Emergency Services of St. Louis, Inc. is seeking a BC/PC physician for Central Kansas Medical Center's Emergency Department. In addition to current certification, at least 2 years emergency department experience is desired. This position allows flexible scheduling, requires no on-call, and has a guaranteed income of over $105,000. Professional liability insurance can be procured on your behalf, and medical benefits are available. Come be a part of a specialty that allows you to practice the art of medicine, leave the business world behind and enjoy your time off. Contact Brian Nunning, 800-326-2782, or fax your CV in confidence to 314-291-5152.

TIME FOR A MOVE?

FP, IM, OB/GYN, PEDS...

CURRENT OPENINGS:

CALL NOW FOR DETAILS!

Kansas 40+ Cities:		National 750+ Cities:	
We track every community in the country . . .			
Kansas City	Boston	Rochester	Cleveland
Wichita	Kansas City	Syracuse	Detroit
Topeka	Houston	Birmingham	Milwaukee
Overland Park	St. Louis	Tallahassee	Des Moines
Newton	Indianapolis	Tampa	Rockford
Wellington	Columbus	Virginia Beach	Chicago
Pittsburgh	Richmond	Norfolk	Tuscon
Cincinnati	Denver	Springfield	Phoenix

NEW OPENINGS DAILY!

The Curare Group, Inc.

(800) 880-2028 Fax (812) 331-0659

M-F 8am-7pm, Sat 12-4 CST

SEARCHING FOR a physician to work in a multidisciplinary clinic near Wichita. May become a career position for the right person. Salary, benefits negotiable. Please send resume to 2020 W. 21st St., Ste. 141, Wichita, Kansas 67204.

FAMILY PRACTICE, INTERNAL MEDICINE: $120,000 up, depending on experience. Salaried position. Beaver is county seat, located on the Beaver River, with nationally recognized school system. Beaver County Memorial Hospital, Box 640, Beaver, OK 73932; 405-625-4551. Contact Administrator any time.

THINKING OF SELLING your practice? Are you asking yourself these questions: What's the best selling price? Who will help me negotiate and structure the sale for my best benefit? How much cash can I expect at closing? Where are all the prospective purchasers? We have the answers and specialize in the sale of professional practices. Please contact Glenn Harwell, Harwell, Forrest, and Hardin, Marketers of Professional Practices, P.O. Box 4422, Denver, Colorado 80155; 303-721-1978.

THE COLMERY-O'NEIL Department of Veterans Affairs Medical Center, Topeka, Kansas, is recruiting for a physician (half-time) for new 75-bed psychogeriatric nursing home care program. Person in position to work with psychiatrist and other team members in improving functioning of primarily elderly patients with special behavioral needs. Applicants with experience and qualifications working with the elderly preferred (e.g., Internist, Family Practitioner); appropriate others considered. For more information, contact Roy B. LaCoursiere, M.D., 913-272-3111, ext. 2277.

EMERGENCY MEDICINE opportunity for a BC/FP less than 1 hour from Wichita; $121,000 annual remuneration with no on-call responsibilities. Moderate volume and professional liability insurance procured on your behalf. ACLS required. Please contact Brian Nunning, Coastal Emergency Services of St. Louis, Inc.: 800-326-2782.

EXPLORE THE POSSIBILITIES! We are currently seeking primary care physicians specializing in Family Medicine, Pediatrics, Occupational Medicine, Internal Medicine, and OB/GYN for a variety of group practices throughout the Midwest and New York State. Surgical and subspecialty physicians are also needed for a variety of locations. We represent practices in all types of settings in communities of every size. New opportunities become available every month. Whether a practice change is imminent, or just a future consideration, we have the information you need. Call 1-800-243-4353, or write to Strelcheck & Associates, Inc., 10624 N. Port Washington Road, Mequon, WI 53092.

KANSAS MEDICAL SOCIETY
623 SW 10th Ave. • Topeka, Kansas 66612 • (913) 235-2383
WATS 800-332-0156 FAX 913-235-5114

To: Retiring Members

From: KANSAS MEDICINE Staff

Re: Subscriptions

Retired members of the Kansas Medical Society may receive the journal at no cost. This is not an automatic subscription, however. Since not all members who retire wish to continue reading medical journals, we send KANSAS MEDICINE only to those who request it. If you would like to receive the journal upon your retirement, please complete the form below and return it to the medical society, attention of Susan Ward.

I am retiring as of_____ (DATE) and would like to receive KANSAS MEDICINE.

Name _____

Street _____

City _____ State _____ Zip _____

Date _____

Is "Routine" Right Heart Catheterization OK?

DONALD L. VINE, M.D.,* *Wichita*

Third-party payors sometimes express concern that patients undergoing appropriate left heart catheterization also have right heart catheterization without separate indications.

This arises, in part, because institutional use of right heart catheterization demonstrates a bimodal distribution — some hospitals' cardiologists perform right heart catheterization on almost all patients undergoing left heart studies, while cardiologists at other institutions perform right heart catheterization on comparatively few patients.

The literature describing the findings and value of right heart catheterization performed routinely during left heart catheterization is limited. Findings from four such studies are summarized in the table.

Study	Patients	RAP	PAP	PWP	Useful
1. Shanes 1987	219	NA	27%	23%	No
2. Barron 1988	2,178	18%	5%	5%	Yes
3. Hill 1990	200	11%	26%	20%	No
4. Kogan 1990	2,582	NA	46%	NA	Yes
Totals	5,179		27%		

Abbreviations: RA = right atrial, PA = pulmonary artery, PW = pulmonary wedge, P = pressure

Shanes and associates[1] report observations from 219 patients without clinical evidence of abnormal right-sided pressures. In spite of finding abnormalities of the pulmonary artery (PAP) or pulmonary wedge (PCW) pressures in about 25% of these patients, they claimed the additional information did not change management.

In contrast, Barron and colleagues[2] reported abnormal right atrial pressure (RAP) in about 20% and elevated PAP or PCW pressure in 5% of a much larger cohort of 2,178 patients without specific indication for right heart catheterization beyond that for the left heart procedure. They found the frequency of right-sided pressure abnormalities to increase with the severity of angina and concluded that right heart catheterization provided clinically important information.

Hill's study[3] is the smallest, but also the only prospective study of the group. After each of 200 patients undergoing right heart catheterization that the cardiology staff felt to be clinically unnecessary, the catheterizing cardiologist rendered an unblinded opinion about the usefulness of the additional information. In spite of finding at least one right-sided hemodynamic abnormality in 35% of patients, the information was said to alter management in only 1% of patients.

Finally, in response to the previous studies, Kogan and associates[4] simply reviewed the findings of 2,512 patients who underwent right heart catheterization at their institution. Pulmonary hypertension was detected in 46% of these patients. The severity of the right-sided hemodynamic abnormalities could be correlated with surgical mortality. The authors point to the inability of noninvasive clinical findings to predict right-sided hemodynamics and stress the value of "routine" right heart catheterization.

Comments

The available information is not definitive but supports the position that right heart catheterization is an appropriate component of the invasive evaluation of any patient suspected of having heart disease.

The conclusion of the authors of the two largest reviews is that the information is useful. The arguments by the authors of the smaller studies that they didn't use right-sided hemodynamic information, even to guide diuretic therapy, stretches my belief. The argument that they could predict the appropriate management from the history, physical, chest x-ray and left-sided anatomy alone is not convincing in light of the frequency of unanticipated right-sided abnormalities.

For many cardiologists, right heart catheterization is simply part of the invasive evaluation, much as lateral films are a "routine" component of the chest x-ray. Available information does not

(Continued on page 254.)

*Associate Professor, Department of Medicine, University of Kansas School of Medicine-Wichita

Address correspondence to Dr. Vine, Deparment of Medicine, UKSM-W, 1010 N. Kansas, Wichita, KS 67214.

You respond to them. You support them. You fight for them.



The AMA responds, supports and fights for you.

Everyday, you help ease suffering, heal patients and save lives. It is an ennobling calling. **The AMA shares your values.** Your patients' health is our highest priority, too. As the world's preeminent medical organization, our 300,000 member physicians work together for the benefit of all Americans. We speak out on behalf of patients and physicians with a single, powerful voice. We advance the art and science of medicine. We promote ethical, educational and clinical standards for the profession. **We are partners in a lifelong crusade.** When you become an AMA member, you are expressing your commitment to patients, to the profession, and to resolving the great health care issues of our time. Join us now. Call your county or state medical society, or AMA at **800 AMA-3211.**

American Medical Association
Physicians dedicated to the health of America

Together, we are the profession.

Disability and Business Overhead Expen

Insurance Program Endorsed by the

KANSAS MEDICAL SOCIETY

XE
NEW ENGLAND JRNL OF MEDICINE
10 SHATTUCK ST
BOSTON MA 02115-6094
1--409003

You've Spent a Lifetime Building Your Practi

Would contracting ***HIV*** or ***ANY*** disability take it away?

Have you ever thought about how your life would change if you contracted HIV? It would change everything, including your finances.

A new Connecticut Mutual HIV Disability Income Rider will pay you benefits without any waiting period if you contract HIV - no matter how you contract it. You would receive benefits regardless of whether or not you continue working.

Here's what the HIV Disability Rider can do:

- Pay you disability income benefits if you test seropositive for HIV.
- Give you up to $10,000 per month of income for up to two years.
- Allow you to make practical, personal decisions without the fear of financial ruin.
- Pay you even if you are physically able to work - something your standard disability income insurance may not do.

If you would like more information on this valuable coverage, mail us the coupon or call us at our toll-free number.

The **KMS DISABILITY INCOME AND BUSINESS OVERHEAD EXPENSE INSURANCE PROGRAM** is specially designed for the members of the **Kansas Medical Society** by the firm of **Cohen Financial Services.**

Cohen Financial Services has long been known for their expert counseling of physicians. For over 30 years they have provided insurance and financial products to physicians.

THE KMS DISABILITY INCOME AND BUSINESS OVERHEAD EXPENSE INSURANCE PROGRAM features:

- 15% discount on premiums (10% additional non-smoker discount!)
- Non-cancellable and guaranteed continuable disability coverage to age 65 or retirement.
- Guaranteed premiums.
- Individually owned policies.
- Specialty coverage available.
- Coverage for Positive HIV Test - No Disability Required.

I'd like more information on the KANSAS MEDICAL SOCIETY DISABILITY INCOME AND BUSINESS OVERHEAD EXPENSE INSURANCE PROGRAM.

Name

Address

CITY STATE ZIP

( )

Phone

Connecticut Mutual Life Insurance Company (Hartford, CT), its subsidiaries and affiliates.

COHEN

FINANCIAL SERVICES

One Ward Parkway, Suite 106
Kansas City, Missouri 64112
(816) 932-9420 FAX (816) 931-3832
1-800-747-9420

KANSAS MEDICINE

JOURNAL OF THE KANSAS MEDICAL SOCIETY

December 1994 Volume 95, Number 12

THE FRANCIS A. COUNTWAY
LIBRARY OF MEDICINE
BOSTON, MA

FEB 16 1995



- Management of Voice Disorders, p. 274
- Physicians and Breast Cancer Detection, p. 280
- Birth-Related Injury Compensation, p. 266
- E. Coli O157:H7 in Kansas, p. 272
- Geriatric Ethics: Justifying Paternalism, p. 278

KANSAS MEDICINE

VOLUME 95 · NUMBER 12 · DECEMBER 1994

CONTENTS

Scientific Article

274 Advances in the Management of Voice Disorders
New technology makes voice test results more consistent.
Gary Y. Shaw, M.D., Jeff Searl, M.A., CCC-SLP, and Larry A. Hoover, M.D.

Departments

261 Cover Story
262 Editorial Comment
264 President's Message
266 Medicina et Lex
268 Alliance News
270 Medicine and Computers
272 News from KDHE
277 Horse and Buggy Doctor
278 Your Older Patient
280 Preventive Medicine
282 Classified Advertisements

Miscellaneous

261 Council Meetings
263 CME Opportunities
279 Dr. Galichia Recognized
281 Information for Authors
284 Index to Volume 95
288 Change-of-Address Form

EDITORIAL BOARD

Warren E. Meyer, M.D., Acting Editor
M. Martin Halley, M.D.
David S. Jacobs, M.D.
Harry G. Kroll, M.D.
Donald R. Pierce, M.D.
James H. Ransom, M.D.
William J. Reals, M.D.
Donald L. Vine, M.D.
Anne D. Walling, M.D.

STAFF

Susan Ward
Production Editor

Jeremy Slaughter
Business Manager

KANSAS MEDICINE (ISSN 8755-0059) is published monthly by the Kansas Medical Society, 623 W. 10th Avenue, Topeka KS 66612. KMS membership includes a one-year subscription for which $15 is allocated from each member's dues. Rates to others: $45/yr domestic; $50/yr foreign. Printed by The Ovid Bell Press, Inc., Fulton MO. Second class postage paid at Topeka KS and at additional mailing offices. POSTMASTER: Send address changes to KANSAS MEDICINE, 623 W. 10th Avenue, Topeka KS 66612.

Indexed in *Hospital Literature Index* and *Index Medicus*. Available through University Microfilms. Listed in *CC/Clinical Practice*. Search Resource for Institute for Medical Information, Inc., and Medical Search, Inc.

Copyright 1994 by the Kansas Medical Society. Permission to reproduce materials published herein must be obtained from KANSAS MEDICINE and the author(s). Although effort is made to publish only accurate articles and legitimate advertisements, KANSAS MEDICINE denies legal responsibility for statements, opinions or advertisements appearing under the names of contributors or concerns. Address all correspondence to: KANSAS MEDICINE, 623 W. 10th Avenue, Topeka KS 66612.

ABOUT OUR LOGO

In January 1935, a new logo appeared on the cover of KANSAS MEDICINE for the first time. This device represents two stethoscopes: the original monaural type as used by Läennec, and the modern binaural variety. The logo was designed expressly for KANSAS MEDICINE by renowned graphic designer Bradbury Thompson, a native of Topeka and friend of two former editors of the journal, Dr. W.M. Mills and Dr. Lucien Pyle. As another former editor, Dr. Orville R. Clark, wrote in January 1955, the logo "has become as much a part of the journal as any of the features on the inside and is something which is ours alone."

COVER STORY

This month's cover illustration comes to us through the generosity of Marjorie Trayer of Cottonwood Falls. Mrs. Trayer describes herself as an amateur photographer, but her work is anything but amateurish. In addition to taking photographs, Mrs. Trayer is the bookkeeper for the Trayer Oil Company and a paraprofessional at the Cottonwood Falls Grade School. She sent us her photo at the suggestion of Dr. Herman "Buzz" Solomon.

The photo, entitled "Winter Sunset in Kansas," was taken following an ice storm in Chautauqua County near Moline. It was a champion at the Chase County Fair. The subject reminded us of one we saw along Highway 54 between Wichita and Pratt while traveling to an Eagle Court of Honor for a friend's grandson. The north side of the highway looked very much like the cover picture, but the trees, fences, barbed wire and grass on the south side were completely devoid of ice. The ice-covered side was an inspiring vision of the beauty and variety of nature. About ten miles from Pratt, the scene changed abruptly, as though someone had cut the ice storm off with a knife. There was no transitional zone between the icy wonderland and the usual drab colors of winter. This startling contrast made what we had seen all the more spectacular, and we felt privileged to have seen it.

We hope this sparkling cover scene will make your winter a little more bearable and remind you of similar times when nature has provided a brief but spectacular reprieve from the winter doldrums. May the new year offer you a chance for new endeavors.

THE FRANCIS A. COUNTWAY
LIBRARY OF MEDICINE
BOSTON, MA

FEB 16 1995

COUNCIL DISTRICT MEETINGS

District 18 Meeting. Tues., Jan. 17, 1995; Adams Alumni Center, Lawrence, 6:30 p.m.

Districts 2 & 3 Joint Meeting. Tues., Jan. 24, 1995; La Bonne Bouchée, 618 Ward Pkwy, 6:30 p.m.

District 12 Meeting. Tues., Jan. 31, 1995; Parkhills CC, Pratt, 6:30 p.m.

District 15 Meeting. Tues., Feb. 14, 1995; Dodge City CC, 6:30 p.m.

Farewell, and Hail



Previous editorials have dealt with the future of KANSAS MEDICINE. Now we are able to report that the future will soon be the present. Last May the House of Delegates approved Resolution 94-16, authorizing the Executive Committee, in consultation with the Editorial Board, to develop a new format for the journal that would maintain scientific content while adding more legislative and socioeconomic news, as well as practice-related features. Because of contractual obligations, the change was to become effective in January 1995.

The meeting between representatives of the KMS Executive Committee and the Editorial Board was very frank and open. Several formats were discussed, ranging from leaving the current journal untouched to changing to a newspaper-style publication. The KMS Newsletter was also discussed. This is another vehicle with which the society communicates with member physicians. The newsletter is a simpler format which can be prepared and mailed quickly and economically. However, it was decided that the newsletter is not the right forum for scientific articles, clinical information and official proceedings of the Kansas Medical Society.

The decision reached by the committee was to continue publishing KANSAS MEDICINE, but in a quarterly format. This issue, therefore, is the last of what has been the oldest continuously published monthly state medical journal. While my time on the journal staff has been short, the experience has been very interesting and informative. I have been impressed with the number of physicians who have been willing to write monthly columns and articles on special topics at the request of the editor. My thanks to all our columnists for their interest in the journal and their expertise in writing meaningful and informative articles. We plan to continue publishing the monthly columns in future issues. Also, a word of thanks is due to Kansas physicians who continue to submit their scientific papers for publication in KANSAS MEDICINE. Your articles are one of the reasons for publishing the journal, and we hope your interest and efforts will continue and increase.

Looking back into the past, it is interesting to note that, at one time, advertising revenues from the journal helped finance the operation of the society. Today the reverse is true, and the society has been generously subsidizing KANSAS MEDICINE for some years. Certainly advertising revenues have been reduced with the advent of specialty journals and the many "throw-aways" that are sent to so many physicians. It is only logical that advertisers will put their dollars where they can reach the largest audience. This means we may see less national advertising in future issues, though our new national advertising group is seeking different types of advertisers to replace the loss of support from pharmaceutical companies. What effect the reduction in number of issues will have on our future advertising income is uncertain, but our printing and mailing costs will be reduced.

The journal has had many fine editors who have set high standards. Names that many of us will still recognize include Drs. W. M. Mills, Lucien ("Luke") Pyle, Orville Clark and the one most of us "grew up on": David E. Gray. (This is in no way an attempt to list all the editors, nor to exclude the efforts of those not named.) KANSAS MEDICINE has benefitted from the efforts of all whose names have appeared on the masthead since its inception.

It is also fitting to recognize those non-physicians who have had a great deal to do with the actual compilation, management and preparation of the journal for publication. Most recently they have been Val Braun and Susan Ward. Until her retirement a year ago, Val was the stalwart managing editor of the journal. Susan, our current production editor, makes us all look good in print. A sincere thank-you to them for their hard work.

There is always sorrow at the passing of an old friend, but there is also joy with each new birth. While we say goodbye to one KANSAS MEDICINE, we say hello to a new one — a KANSAS MEDICINE that will still bring you the scientific and clinical information you need and those practice tips you want. Plans are to have occasional special features on topics such as the genome project and genetic engineering; and the University of Kansas Medical School-Wichita's 20th anniversary. At the same time, we will publish articles from other physicians around the state. We also hope to attract articles from physicians elsewhere who have

expertise in topics of interest to us. Certain features that have appeared in the journal will now appear in the KMS Newsletter, which will be published monthly. Others will appear in both publications, as appropriate. The publication dates for the quarterly KANSAS MEDICINE will be March, June, September and December. The 1995 edition of the KMS Membership Directory (which will no longer be an issue of the journal) will be published in February. So farewell to KANSAS MEDICINE — and hail . . . to KANSAS MEDICINE.

Have a good winter, and we'll be back in the spring. Leave a light on for us! W.E.M.

CME OPPORTUNITIES

Current Issues in Perinatology and Neonatology. Feb. 3, 1995, Kansas City. Call Bixby Institute, 800-821-5140, ext. 4306.

Ambulatory Obstetrics and Gynecology. Feb. 5-7, 1995, Lake Tahoe. Call UC Davis Med. Ctr., 916-734-5390.

Healthcare Info. and Mgmt. Systems Soc. Conf. Feb. 12-16, 1995, San Antonio. Call 312-664-HIMS. (Fax: 800-469-5446.)

Telemedicine & Distance Healthcare. Feb. 27-28, 1995, Dallas. Call Inst. for Int'l. Research, 800-345-8016.

Telemedicine. March 15-16, 1995, San Francisco. Call 800-882-8684.

What's New in Diabetes Symposium. March 10, 1995, Kansas City. Call KU Med. Sch., 913-588-4488.

Nutrition for the Older Adult. March 23, 1995, KSU, Manhattan, Ks. Call Diane Sanders, Ks. Nutrition Council, 913-532-1670.

Childhood Sexual Abuse and Memories: Current Controversies. Mar. 31-Apr. 1, 1995, Kansas City. Call KU Med. Sch., 913-588-4488.

HIV Management for Primary Care Physicians. Mar. 31-Apr. 2, 1995, New York. Call 201-385-8080.

Cervical Spine (Rae R. Jacobs Lecture). April 7-8, 1995, Kansas City. Call KU Med. Sch., 913-588-4488.

Postgraduate Symposium on Anesthesiology. April 7-9, Kansas City. Call KU Med. Sch., 913-588-4488.

American Occupational Health Conference. April 28-May 5, 1995, Las Vegas, NV. Call 708-228-6850. (Note: This overlaps KMS Annual Meeting time.)

HIGH-QUALITY HUNTING FOR DISCERNING SPORTSMEN

WILD AND RELEASED PHEASANT, WILD QUAIL

Do-it-yourself to full-service hunts, $150-$350. Includes use of roomy, comfortable lodge and kitchen facilities.

• Excellent birds on 3,000 acres of mixed grass, cropland and creek bottoms along Shoo Fly Watershed.

• Small groups & individual hunter attention our specialty.



For more information, call:
Allan Helsel, President
The Hunnewell Hunting Club
RR1, Box 9
South Haven, KS 67140

316-892-5821 (9-3, M-F)
316-892-5869 (after 7:30 p.m., any day)

$95/$40

PER NIGHT DINING CERTIFICATE

Starting December 11th, warm up to winter at The Westin Crown Center with a getaway that gives you more. Now, for just $95 per night, you can enjoy a luxurious guest room *plus* a $40 dining certificate for world famous Trader Vic's, Benton's Steak House or the Brasserie European Cafe. Top it off with shopping, theater and all the sights of Crown Center directly connected to the hotel. The $95/$40 getaway. Your winter escape awaits! For reservations call toll-free (800) 228-3000 or call direct (816) 474-4400.

THE WESTIN CROWN CENTER
Kansas City

Valid Dec. 11 – Feb. 28, 1995. Not valid 12/31/94, 1/1/95, for groups or with other offers. Double occupancy. Based upon space availability. Valid any day of the week for MO & KS residents. Valid weekends only for NE & IA residents.

THE WESTIN $95 GETAWAY AND $40 GIVEAWAY.

A Lot of Work



One would expect that a trip to Honolulu, no matter what the circumstances, would be a vacation. However, the 1994 Interim Meeting of the AMA House of Delegates was no vacation!

First of all, the meeting actually started two days earlier than scheduled. The opening session of the house was scheduled for Sunday, December 4. So Kay and I planned our arrival in Hawaii for Thursday evening so we would have two days to "lay in the sun" before going to work. My naiveté became apparent as the late mailings arrived announcing the "pre-meetings." The final schedule had me attending meetings starting Friday noon. So much for the sun (I burn anyway)! With the additionally scheduled Mid-America Caucus breakfast meetings starting at 6:30 or 7:00 a.m., we were literally scheduled all day every day from noon Thursday until noon the following Wednesday.

Thursday afternoon's meeting was for present and past state society presidents and executives and was an open, far-ranging exchange of ideas and concerns. There was a significant discussion of the study of the reorganization of the federation.

On Saturday we attended the annual Forum for Medical Affairs, which this year was titled "Survival in the Face of Change." The diverse presenters included a journalist and author, a senior managed-care executive, the general counsel of the Senate Judiciary Committee's antitrust subcommittee, the staff attorney for the Federal Trade Commission, the senior advisor for clinical affairs for the American Hospital Association, and others. Among the messages driven home to us were:

- Health care is big business and, consequently, competitive.
- Managed care is evolving to the stage that medical groups will be *at risk* and *accountable.*
- The Federal Trade Commission believes that "competition benefits consumers."
- For any law to pass, it must be good for consumers — not just doctors.

Lonnie Bristow ended the session with an interesting description of physicians as "health coaches in the game of life."

Sunday began a hectic four days of House of Delegates sessions, reference committee meetings, and state and regional caucuses. The sheer volume of material covered was awesome.

The house received a total of 82 reports from the board and six committees. These reports weren't just perfunctory papers but were well researched and documented. They included an informational report from the board on California's tobacco tax and Health Protection Act of 1988, which indicates that when the tax on tobacco products is increased *and* the revenue is spent on education concerning the health hazards of tobacco use, there is a definite reduction in tobacco consumption.

Nine reference committees handled a total of 135 resolutions, which ranged from A (Advertising of Alcoholic Beverages) to Y (Young Physicians' Position on the Board of Trustees).

It was clear to me that any state delegation or specialty society or component could have a strong voice in the proceedings if it chose to, much in the same way as any county medical society or component can have a significant voice in the proceedings of our Kansas Medical Society.

It puzzles me when I hear a physician or group complain that the AMA or the KMS does not represent them for, as I have observed, both organizations are truly representative. But to make them work, the individuals have to be involved.

So, to each of you I say, "Be involved!" We need to rationally discuss and deliberate our differences so we can speak with one voice on the important issues.

There will be more specific information on the various resolutions in forthcoming issues of *AM News* and the *JAMA.*

Donald R. Brada, MD

Why Do 60,000 Doctors Trust Us With Their Professional Reputations?



In an era of "not if, but when" a doctor will be accused of malpractice, your choice of professional liability coverage is extremely important. We know that *any* allegation can be devastating to both your professional reputation and your personal assets... making the company you choose critical to your future well-being. Many factors should be taken into account when making a decision.

Consider our financial strength and stability. We are rated A+ (Superior) by A.M. Best and AA (Excellent) by Standard & Poor's. No other company with an exclusive focus on the needs of the health care community has higher financial ratings.

Look at our experience. For nearly a century we have specialized in defending and protecting doctors. No other company has **successfully defended** more than 180,000 malpractice claims.

Local service is important, too. Our General Agents and Field Claim Managers work with you on every allegation. They average more than 15 years experience working with doctors and the legal system.

Why do more than 60,000 doctors trust their professional reputation and personal assets with us? No other company combines nearly a century of experience with financial strength and the local service provided by The Medical Protective Company.

For your copy of the ***FREE*** book on evaluating professional liability companies, call:

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA

Professional Protection Exclusively since 1899

800-344-1899

Birth-Related Neurological Injury Compensation Programs

WAYNE T. STRATTON, J.D.,* *Topeka*



Virginia and Florida have developed a "no-fault" plan to deal with the skyrocketing costs of birth-related neurological injuries. Injuries fitting a specific statutory description are removed from the tort system and administered by a separate board. Under this program, it does not matter if a negligent act occurred. In order for victims to receive compensation, they must show that care was provided by a participating care provider, that the injury occurred and that the injury fits within the statutory definition. The care provider is not involved, and all compensation comes from the fund. The statute limits a provider's legal liability for medical malpractice only to situations where clear and convincing evidence shows that the injury was caused by an intentional or willful act, in which case a suit must be filed in lieu of payment under the program.

While the concept has been in place in Sweden and New Zealand for more than 15 years, the first U.S. application was initiated in Virginia when, in 1986, the Virginia statutory cap on damages was ruled unconstitutional. With no limit to the potential liability, many malpractice insurers left the market. Well over 100 physicians were left without malpractice coverage, and the insurers stated that they would not be willing to reinsure the physicians unless the obstetric cases posing the highest financial risk were legally removed. The Virginia legislature responded with the Birth-Related Neurological Injury Compensation Act (the act). Florida enacted an essentially identical statute one year later.

The act was designed to remove the most unpredictable and excessive financial risks associated with insuring providers of obstetric care. The reason why the act applies to this specific risk and is limited to the field of obstetrics care is that this specialty has been affected by the trend of increased liability more than any other field of medicine. About one-third of the claims against OB-GYN providers have related to brain-damaged infants. The damage awards in these cases are also disproportionately higher than in other medical malpractice cases. The Kansas data gathered by the Health Care Stabilization Fund are similar. One-third of all the money paid has been in birth-related cases. A Kansas jury has awarded over $19,000,000 in one such case.

Under the laws of both states, there must be a showing that the injury is within the statutory definition. In Virginia, a birth-related neurological injury is defined as: "injury to the brain or spinal cord of an infant caused by the deprivation of oxygen or mechanical injury occurring in the course of labor, delivery, or resuscitation in the immediate post-delivery period in a hospital which renders the infant permanently non-ambulatory, aphasic, incontinent, and in need of assistance in all phases of daily living." Genetic and congenital defects are specifically excluded from the act.

Care providers are not required to participate in the act and, instead, may rely upon the traditional tort law system. Participation is limited to physicians who practice obstetrics or obstetrical services, licensed (or certified) nurse-midwives and any hospital licensed in Virginia. All participants agree to submit to automatic review of all claims to determine if the injury was a result of or aggravated by care below the accepted standard for that profession. Each participant pays annual fees of $5,000 per individual physician or

*KMS Legal Counsel.

Comments appearing herein are not intended as a substitute for legal analysis or advice. Answers to legal questions depend largely upon the particular facts of a case. The reader is urged to consult an attorney for answers to specific legal questions.

These comments do not necessarily represent the views of KANSAS MEDICINE, or the Kansas Medical Society. For further information, contact Mr. Stratton, 515 S. Kansas, Topeka, KS 66603.

nurse-midwife. Hospitals are allowed to pay the annual fee for a residency position and not for each individual resident. Further, a $50 fee is assessed upon each delivery. The maximum yearly contribution to the fund is set at $150,000.

The program is governed by a board of seven individuals: one representative of participating physicians, one of non-participating physicians, one of hospitals, one of liability insurers and three "citizen" representatives.

Liability under the act is determined by the Industrial Commission, which also handles the worker's compensation claims. It is responsible for determining if an award is to be granted and is advised by a medical advisory panel composed of expert physicians. Once it is determined that compensation is warranted under the act, the fund will pay damages on a periodic basis as they are incurred. The fund will pay only for those expenses not covered by any other collateral source, such as an insurance policy or governmental program. Finally, only "necessary and reasonable" expenses are compensated.

It is too soon to tell if this type of program will accomplish its goals. Among the issues yet to be determined are whether the program will survive on the current voluntary basis, and if the fund is generating enough income to pay all of the claims. There will also be continuing litigation as to the constitutionality of and the limits to the act. It is also not clear whether such a no-fault concept will be applicable to any other area of medical malpractice.

Many of the issues that caused Virginia and Florida to create their funds have been met in other ways. Significant inroads are being made in reforming the current tort law by limiting damages and fees, preventing double payments by reducing damages awards by the amount which the plaintiff has already received from outside sources, and the creation of stricter procedures in the bringing of a malpractice action.

Whether these will reverse the risk and costs associated with obstetrics remains to be seen.

Following are two updates to Mr. Stratton's November column on the Health Care Stabilization Fund.

1) Governance of the Fund. The Fund is now entering a new phase. As of January 1, 1995, the HCSF is solely controlled by the Board of Governors. The Legislature extensively revised the act to vest authority for its operation with the Board. Since the Board is made up exclusively of representatives of the health care providers who contribute to the Fund, there will be more direct involvement by those who have a financial interest in the Fund's operation.

2) Obtaining adequate tail coverage. Even if you have contributed to the Fund for five years, the tail coverage provided by the Fund is only the amount which you may have selected when you were an active health care provider, and which was in force at the time of the claim. This is because the Fund provides coverage only for the level the physician has with the Fund at the time the claim occurred. As an example, if a physician chooses to purchase $100,000 in coverage from the Fund, there will be $300,000 in coverage while the physician is in active practice because there will be $200,000 from his or her underlying insurance carrier. However, a physician who becomes an inactive health care provider upon retiring or leaving the state will be left with only $100,000 in coverage because the primary insurance is no longer available. It is apparent that many doctors have not realized that their ultimate tail coverage would be so limited. The time to obtain this coverage is *while the physician is in active practice,* not after retirement.



Rural Health

18th Annual National Conference
National Rural Health Association
May 17–20, 1995
Atlanta, Georgia

The Medical Student of Today Is Your Doctor of Tomorrow



Dear Kansas Physicians:
In the message below, Carolyn Harrison describes the plans for this year's AMA-ERF fundraiser and asks for your help in collecting items to auction at the event. Please join with the Alliance in making this year's effort a huge success by contributing artworks from your area. And make a note on your calendar to attend this special "evening of the arts." Remember, every cent of this money goes to help our doctors of tomorrow.

Nancy Craig

The future of quality medical care is the responsibility of today's medical community. Who knows better the demands on medical students . . . times of fatigue, frustration, financial concerns — *and* the hope and enthusiasm for providing good medical care.

Many factors contribute to our high standard of care in the United States, and among them is the expertise of physicians. As the cost of medical education continues to increase and sources for funding dwindle, support from the medical community is vital to ensure that future physicians receive the best educational and research opportunities. The American Medical Association-Education and Research Fund (AMA-ERF) is dedicated to ensuring that medical schools and medical students receive funds to supplement the cost of education and training.

How Can You Help?
We have planned a fun evening on Friday, May 5, 1995, as part of the KMS and KMSA annual meetings in Overland Park. The event will include dinner, entertainment, and the AMA-ERF auction to raise funds for AMA-ERF. Also, money collected during 1994 by the KMS Alliance will be presented to the deans of both campuses of the University of Kansas School of Medicine.

To donate an item to the AMA-ERF auction, call Carolyn Harrison, 316-634-0613.

This is where we need your help! The items for the auction are donated by KMS and KMS Alliance members. If you know of an individual such as a member or a local artist who might donate an item for the auction, please contact the AMA-ERF Chairman, Carolyn Harrison (316-634-0613). We would like items with an artistic flavor: oil, acrylic or watercolor paintings, woodcarvings, pottery, sculpture and jewelry are some examples. Anything donated should come with a brief description of the artist. We are asking each KMS county alliance/auxiliary to donate an item, such as a work of art or a theme basket.

Please remind prospective donors that their donation is tax-deductible, and we will provide a receipt. A market value should accompany the donated item.

When you donate to AMA-ERF, you may designate which medical school is to receive the funds. Your *entire* contribution goes to the medical school you designate. This could be your alma mater, a school you admire for its excellence in a certain specialty, or a medical school in your community. You may also designate the funds to go to the Medical School Excellence Fund, which provides grants that are used at the school's discretion; or to the Medical School Assistance Fund, which must be used in direct financial aid to students.

Donations to AMA-ERF are more than just a charitable contribution; they are a legacy from one generation of medical professionals to another. Thank you for your support of AMA-ERF.

Carolyn Harrison



Whenever we come into a state, good sense comes along, nonsense exits. Stability returns to the medical liability insurance market. In nine states 18,000 of our member-insured doctors have been enjoying the new cost climate. Protected by one of the largest medical professional liability monoline insurance company in America. And defended by a firm of medically savvy litigators who close almost 80% of cases without payment. And, year in and out, win 90% of those that go to trial.
For information, call 1-800-228-2335.

North Point Tower
1001 Lakeside Avenue
Cleveland, Ohio 44114
800-228-2335

THE P•I•E MUTUAL INSURANCE COMPANY

4600 Madison Avenue
Suite 1224
Kansas City, Missouri 64112
816-561-5523
800-PIE-KCMO

Insurance Management Corporation
IMC Plaza, 4333 Madison
Kansas City, Missouri 64111
816-756-1410
800-279-7500

Beimdiek Insurance Agency
303 West Third Street
Carthage, MO 64836
(417) 358-4007

Bringing Medical Informatics Into Mainstream Clinical Medicine

RONALD B. DAVIS, M.D.,* *Wichita*

As we physicians have ever more technology to assist our clinical skills in diagnosing and treating patients, we have a critical need for a system to handle information effectively and efficiently. The medical information science that supports the development of such a system is called medical informatics.

One avenue bringing medical informatics into clinical medicine is physicians in training. Physicians coming out of medical schools and residencies with information science skills bring them to the medical community. The University of Kansas School of Medicine-Wichita (UKSM-W) has been providing this training for five years and has developed expertise in computer use by student physicians. Many lessons have been learned, and there are many more to be learned. Excitement is obvious in the staff members promoting these efforts.

The Program

The effort began five years ago with desktop computers and progressed to 80 notebook computers two years later for third- and fourth-year classes. Resistance gave way as students and faculty began to find these "notebooks" useful. Among the numerous features offered on the computer system, two proved most popular: medical literature search and telecommunications with the four teaching hospitals in Wichita.

Medical literature search is accomplished with "Silver Platter" through Dykes Library at the Kansas City campus. It is menu-driven and uses a modem for access. Both faculty and students found this useful.

Telecommunication with hospitals provides a method of practicing better and more efficient medicine by allowing modem access to clinical data immediately following the test or procedure. Especially during the obstetrics rotation, students found they could follow their patients more closely and use their time more efficiently. This is true on other rotations as well.

An electronic *PDR*, to be implemented in the next two years, will provide the advantage of having medication details close at hand without having to carry the heavy printed version. As more medications become available, the potential for drug interactions increases, so this feature will be very useful.

Some computer learning has been by "reverse osmosis," wherein faculty members have learned from students. This is expected to continue as each incoming class has more computer knowledge and experience than the previous one and demonstrates these skills to the faculty.

Students store demographics of patients they see and record procedures they do. This allows them to document learning experiences for residency application and credentialing. It also can assist in assuring that students get a well-rounded training experience and provides a reference for particularly interesting and educational cases.

New frontiers are being explored. Internet connection and LANs (local area networks) are being added, increasing both available information services and ease of communication. Students in the future may require a computer, much as a stethoscope and rubber hammer are required today. The first year of medical school may have some formal medical informatics presentations that will be built upon as the student goes through training.

Pockets of interest and expertise have developed within the school over recent years and are now coalescing into a task force with the goal of formalizing a medical informatics curriculum. There are not many working models to serve as examples, but there is a written implementation guide that will be helpful. This and other input will be used to develop a medical informatics pro-

(Continued on page 277.)

*Address correspondence to Dr. Davis at Family MedCenter, 315 N. Hillside, Suite B, Wichita, KS 67214.

The author wishes to thank Leland H. Parks, Ph.D., Dept. of Internal Medicine, UKSM-Wichita, for his assistance in writing this article.



We'll save you loads.

You can avoid the expense and hassle of insurance paperwork by filing claims electronically with Blue Cross Blue Shield of Kansas.* Our system speeds up the process on your end, freeing you to handle other responsibilities. Also, filing electronically minimizes the chance of errors. Additional capabilities we'll be introducing down the line promise to make your job even easier in the near future.

To find out more about electronic filing, call your Blue Cross Blue Shield representative—and take a load off your mind.

*An Independent Licensee of the Blue Cross and Blue Shield Association.

PA94

E. coli O157:H7 in Kansas, January 1993 to September 1994

Escherichia coli O157:H7 was first recognized as a human pathogen in 1982.[1] It is now an important cause of bacterial enteritis. Illness has been most frequently associated with the consumption of undercooked beef, especially ground beef. However, other foods, such as raw milk, apple cider and water have also been implicated in outbreaks of *E. coli* O157:H7.[2,3] Person-to-person transmission, such as in day care settings, has also been reported.[4] Symptoms usually include abdominal cramps and diarrhea that may become bloody as the illness progresses. Fever has been reported in about one-third of cases. It has been estimated that approximately 5% to 10% of patients develop hemolytic uremic syndrome.[5] The very young and old are at the highest risk for illness and complications.[6]

As shown in Figure 1, the number of reported cases in Kansas has increased since case reports were first received in 1990. However, this trend may be a result of increased laboratory testing, rather than an increase in incidence of infection.

From January 1, 1993, to September 30, 1994, 30 cases of laboratory-confirmed *E. coli* O157:H7 were reported in Kansas. Eighteen (60%) of the cases were in males. Patients ranged from 1 to 78 years of age (median age: 18 years). Information on symptoms was available on 12 patients. All (100%) reported diarrhea, with 9 (75%) reporting bloody diarrhea. Abdominal cramps were reported by 9 patients (75%), and vomiting was reported by 4 patients (33%). Two cases (17%) reported fever. Information on whether the patients were hospitalized was available for 14 cases; seven (50%) were hospitalized for at least one night. Three (43%) of those hospitalized patients were under 5 years of age, and three (43%) were 40 years or older. One patient developed hemolytic uremic syndrome and underwent dialysis, and another patient, a 71-year-old woman, died.

Reports of *E. coli* were widely dispersed throughout the state (Figure 2). Fifteen counties reported at least one case of infection. However,

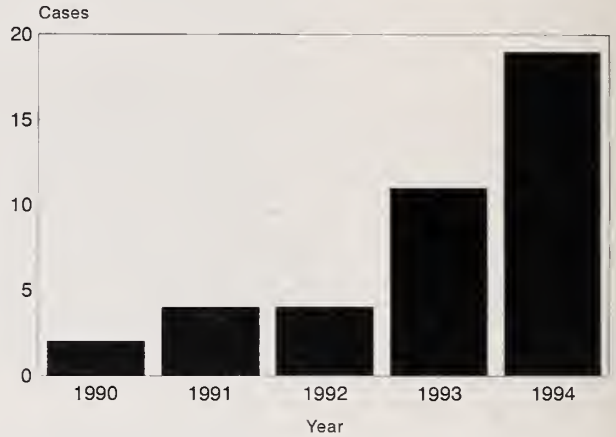


Figure 1. E. coli O157:H7 cases by year: Kansas, January 1990 to September 1994.

13 (43%) of the cases were reported from the three most-populated counties (Johnson, Sedgwick and Wyandotte). The reported cases suggested a seasonal pattern, with 19 (63%) of the infections occurring during the summer (June through August).

Six (67%) of the nine patients with information on possible exposures reported eating ground beef in the seven days before the onset of illness, and one (11%) additional person reported eating an undercooked steak. Three (33%) individuals reported living on a farm and had contact with cattle within seven days of the onset of illness.

Most persons recover from infection with *E.*

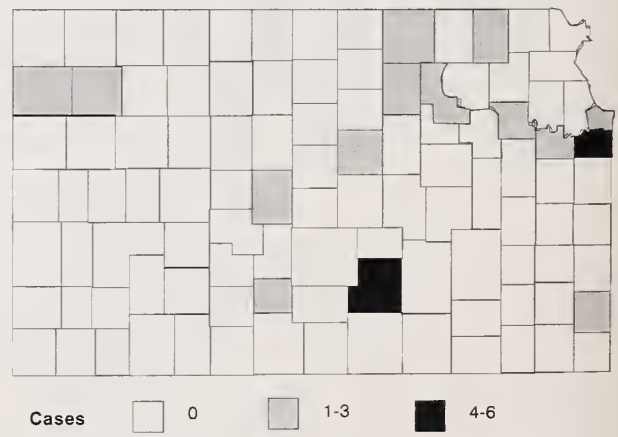


Figure 2. E. coli O157:H7 cases by county: Kansas, January 1993 to September 1994.

Reported by L. Wilberschied, M.S., Epidemiology Section, Bureau of Disease Control, Kansas Department of Health and Environment.

coli O157:H7 in 5 to 10 days. There is no evidence that the use of antibiotics changes the course of disease. Antidiarrheal agents are not recommended, as they may increase the duration of illness and the period of infectivity.[7]

While outbreaks of *E. coli* O157:H7 may be detected because of clusters of hemolytic uremic syndrome or severe diarrheal illness, isolated cases are unlikely to be detected without testing for the organism in stool specimens. However, isolation of *E. coli* O157:H7 requires a different medium (Sorbitol-MacConkey) than used for other enteric pathogens such as *Campylobacter, Salmonella* and *Shigella*. Therefore, testing for *E. coli* O157:H7 should be specifically requested if infection is suspected, so that the laboratory will use the appropriate medium.

Individuals may decrease their risk of infection by cooking beef until the inside is no longer pink and the juices run clear, or until a meat thermometer reads at least 155° F. Contamination of other food items with raw or undercooked beef should be avoided. All work surfaces, dishes and utensils that come in contact with raw meat should be thoroughly scrubbed with soap and water after use. Person-to-person transmission can be minimized by careful handwashing. Physicians are encouraged to report all cases of *Escherichia coli* O157:H7 and hemolytic uremic syndrome to their county health department.

REFERENCES

1. Riley LW, et al. Hemorrhagic colitis associated with a rare *Escherichia coli* serotype. *N Engl J Med* 1983; 308:681-85.

2. Griffin PM, Tauxe RV. The epidemiology of infections caused by *Escherichia coli* O157:H7, other enterhemmorhagic *E. coli*, and the associated hemolytic uremic syndrome. *Epidemiol Rev* 1991;13:60-98.

3. Besser RE, et al. An outbreak of diarrhea and hemolytic uremic syndrome from *Escherichia coli* O157:H7 in fresh-pressed apple cider. *JAMA* 1993;269:2217-20.

4. Belongia EA, et al. Transmission of *Escherichia coli* O157:H7 infection in Minnesota child day-care facilities. *JAMA* 1993;269:883-88.

5. Committee on Infectious Diseases, American Academy of Pediatrics. *1994 Red Book: Report of the Committee on Infectious Diseases* (Elk Grove Village, Ill., 1994), pp. 187-91.

6. Centers for Disease Control and Prevention. Update: Multistate outbreak of *Escherichia coli* O157:H7 infections from hamburgers — Western United States, 1992-1993. *MMWR* 1993;42:258-63.

7. *Preventing Foodborne Illness: Escherichia coli O157:H7.* (Atlanta, Ga.: Centers for Disease Control and Prevention, National Center for Infectious Diseases, Division of Bacterial and Mycotic Diseases; April 1993. U.S. Department of Health and Human Services, Public Health Services.

Assistant Medical Director

IMTCI, a Kansas City based clinical research organization, seeks a full-time board certified or board eligible physician with experience in conducting clinical research trials

Qualifications / Responsibilities Include:

- Acting as Principal or Sub-Investigator on clinical trials. Based upon the code of federal regulations and IMTCI's SOPs, this would require providing expertise in clinical evaluations, directing the administration of the test article, and assisting the coordinator of the clinical trial and internal staff
- Providing medical expertise in writing clinical protocols, assisting in clinical design, and reviewing/authoring clinical reports, medical reports, standard operating procedures and good clinical practice documents
- Interacting with clients and prospective clients, as well as attending investigator meetings, national conventions and trade meetings

Qualified applicants may send resume to:
Stephanie Rahaim, Director, Human Resources

IMTCI

International Medical Technical Consultants, Inc.



16300 College Boulevard • Lenexa, Kansas 66219

SCIENTIFIC ARTICLE

Advances in the Management of Voice Disorders

GARY Y. SHAW, M.D.,* JEFF SEARL, M.A., CCC-SLP,† AND LARRY A. HOOVER, M.D.,§ *Kansas City*

Historically, many voice problems have been overlooked or minimized by patient and physician alike. Some patients were referred to a speech therapist, while others were considered functional and were sent for psychiatric evaluation. Recently a renaissance of sorts has occurred in both the diagnosis and treatment of phonatory disorders. This is reflected in the emergence nationally of several centers of voice study, including the one at the University of Kansas Medical Center. At these centers, many new technologies are employed to detect subtle voice pathology and monitor treatment. In conjunction with these advances, an emerging therapeutic discipline known as phonomedicine has evolved. This article summarizes some of the more significant changes that have occurred in the diagnosis of vocal disorders.

The traditional method of evaluating the larynx was to examine indirectly with a headlight and laryngeal mirror. While gross abnormalities could be detected, subtle pathologies were often overlooked. Moreover, the wave-like phenomena of the opposing vocal cords could not be appreciated. The advent of high-resolution fiber-optic video, combined with stroboscopy, allows for detailed examination of the vocal cords in phonation.

The principles of stroboscopy were elucidated in the 19th century. Oertel was the first to apply stroboscopy to the study of the larynx. Modern stroboscopes use flashes of light to create a montage of the vibrating vocal folds. The basic vocal pitch (e.g., fundamental frequency) is used to time the light flashes in such a way as to create the impression of the vocal folds moving in slow motion.

* Laryngeal Laboratory and Dept. of Otolaryngology, KUMC-KC

† Laryngeal Laboratory and Dept. of Speech and Hearing, KUMC-KC

§ Dept. of Otolaryngology Head and Neck Surgery, KUMC-KC

Address correspondence to Dr. Shaw at Dept. of Otolaryngology Head and Neck Surgery, KUMC, 3901 Rainbow Boulevard, Kansas City, KS 66160-7380.

Videostroboscopy has been shown to be useful in many phonatory disorders. Asymmetric movement of the vocal folds can be detected, since the wave-like movement can be carefully analyzed. This can be instrumental in the early diagnosis of most laryngeal lesions, including detection of laryngeal cancer, development of vocal nodules, or vocal-cord scarring. Newer developments allow integration with computer software, permitting digitized quantitative analysis, which will undoubtedly increase the sensitivity of this powerful tool. The videostroboscopic examination itself begins with the patient sitting in an exam chair, head slightly forward, mouth open, while the tongue is gently grasped. A 70- or 90-degree rod telescope is carefully passed to avoid a gag reflex. If gagging occurs, a topical anesthetic can be employed. The larynx and vocal folds are imaged on a monitor and a video recording is begun. Analysis of the videolaryngoscopy is performed in a stepwise fashion. This includes measurement of the fundamental frequency (including its upper and lower range); and analysis of the symmetry, regularity, amplitude and waveform of the strobed glottic wave. Also routinely noted is whether glottic closure is complete; the location of any non-vibrating portion; and if the false cords are used in phonation. Finally a digitized photo of any significant pathology is included in the computer-generated report, which becomes a part of the permanent record. A copy is also sent to the referring physician or speech pathologist (see Figure 1a,b).

Evaluation of the voice itself was traditionally performed by the listening observer. This so-called perceptual analysis was useful with one-on-one therapy but allowed too much variation among observers to be considered a useful diagnostic tool. Computerized acoustic analysis allows us to quantify phonatory abnormalities, enabling the establishment of norms which can be easily compared to patients' measures. Subjects' voices are typically recorded on a high-quality tape recording, which in turn is fed into a com-

UNIVERSITY OF KANSAS CENTER FOR
SPEECH AND VOICE DISORDERS

Director: Gary Y. Shaw, M.D.

NAME: EVAL.DATE: 11/19/92
KUMC#: 1161310

TAPE: 6
No.: 53
SCOPE: |2| 1=flex 2=rigid 3=both

VIDEOSTROBOSCOPY

FUNDAMENTAL FREQUENCY:
Falsetto: 268 Hz
Modal: 196 Hz
Basal: 158 Hz

AMPLITUDE:
Right: |2| 1=normal
|--| 2=decreased
Left: |2| 3=absent

SYMMETRY: |2| 1=symmetrical 2=asymmetrical
Comments:
HOARSENESS, STRINED,NO BIGB PITCB

WAVE:
Right: |2| 1=normal
|--| 2=decreased
Left: |2| 3=absent

NON VIBRATING PORTION:
Right: |2| 1=none
|--| 2=partial
Left: |2| 3=complete

REGULARITY: |1| 1=regular 2=irregular
Comments:

VENTRICULAR FOLD HYPERADDUCTION: |2| 1=absent 2=complete
Comments:
FVF OVERADDUCTIVE LIKE FISHMOUTB

GLOTTAL CLOSURE: |1| 1=complete 2=incomplete
If incomplete, type: 0

OTHER OBSERVATIONS:

Referring Dr
Examining Dr



Figure 1a,b. A digitized photo is included in the computer-generated report.

SAMPLE DATE: 11/19/92 Page 2
Name:

FUNDAMENTAL FREQUENCY:
Falsetto: 268Hz
Modal: 183Hz
Basal: 158Hz

JITTER(msec): .15B (range: .093; sd: .036)
SHIMMER(dB): 27.21 (range: 24.17; sd: 8.61)
SIGNAL/NOISE: 5.16 (range: 1.19; sd: .46)
SPECTRUM ENCLOSED?

LARYNGEAL RESISTANCE: cmH20/cc/s
SUBGLOTTAL PRESSURE: cmH20
RHINOMANOMETRY:
GLOTTAL EFFICIENCY:
VELOPHARYNGEAL COMPETENCY:
Oral Pressure: cmH20
Nasal Flow: cc/s
VP Area Estimate: cm2

MPT: 10 SEC
F1: 332 HZ
F2: HZ
F3: HZ

Grade: |1| 0=none
Rough: |1| 1=mild
Breathy: |0| 2=moderate
Asthenic: |1| 3=severa
Strained: |0|

PITCH (habitual): |3| 1=normal 2=high 3=low
PITCH RANGE: |2| 1=normal 2=restricted
LOUDNESS (habitual): |3| 1=normal 2=high 3=low
RESPIRATION: |1| 1=normal 2=impaired
PHONATION BREAKS: 0

PATIENT RATINGS OF: Speech Effort: |1| (1=none 2=minimal 3=mild
Sound Of Voice: |2| 4=moderate 5=severe)
Interference From Voice: |2|

OBSERVATIONS/COMMENTS: Pt'voice ie low & restricted pitch

Pt hes pitch problem aftar neck trauma,probaly caused by fractura of lary x.Recommadation: CT, EMG, Thyroplasty

Gary Y. Shaw, M.D. 11/25/92
Data

Sheng G. Yin, M.D..



Figure 2a. Spectral analysis.

puter via a digitizing board. Specially designed phrases are employed to test specific problems.

The most common measurements include amplitude variation from cycle to cycle, known as "shimmer." Another useful measurement is "jitter," which is the cycle-to-cycle variation in frequency. The signal-to-noise ratio evaluates the periodic to aperiodic vocal energy. The measurements allow us to quantify terms such as hoarseness or roughness. Data are again recorded on our voice disorder form, which also includes an interpretation of these results.

Spectral analysis, another computer-derived function, allows for a graphic display of the voice. Under normal conditions, the voice can be described in terms of its fundamental frequency and its first three format frequencies. These represent energy peaks, which can be depicted graphically, allowing for rapid visual detection of abnormalities. Spectral analysis has been found to be useful in neurologically related voice disorders. Typi-



Figure 2b. Spectral analysis.

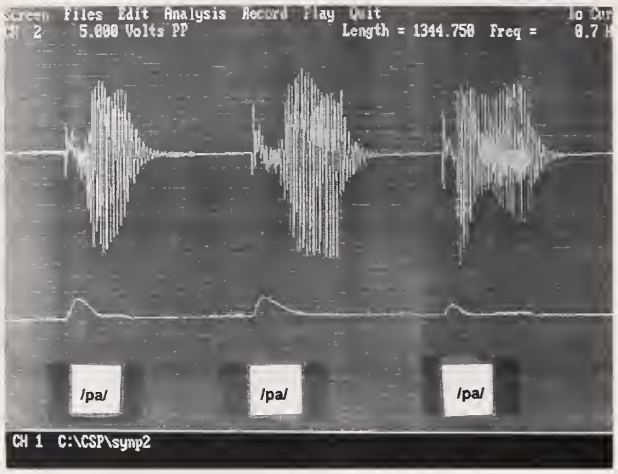


Figure 3a. Aerodynamic study.

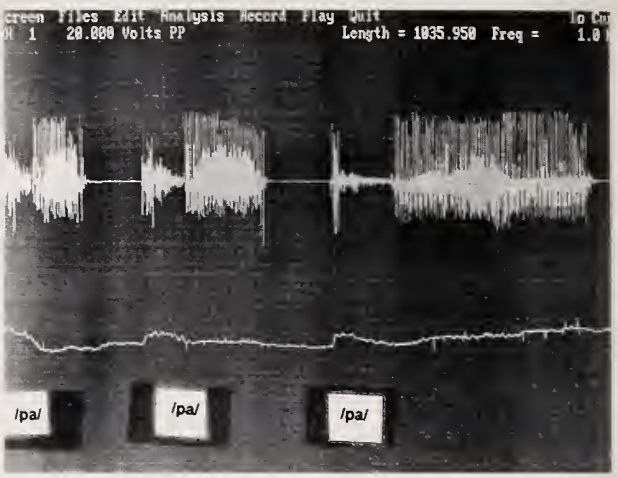


Figure 3b. Aerodynamic study.

cally it is recorded simultaneously with the acoustic signal, which aids in the detection of abnormal patterns (see Figure 2).

Aerodynamic studies are employed to measure the airflow through the glottis. The quotient of estimated subglottic pressure and mean transglottic airflow can be used to measure glottic resistance. Patients with hoarseness produced by vocal fold stiffness usually present with elevated resistance. When an acoustic filter is applied to remove the effect of the vocal tract, a measure of glottic flow waveform is obtained. This is useful because the perceived acoustic signal is determined in great part by the shape of the air pressure pulse (see Figure 3). When combined with measurement of nasal air pressure, an estimate of velopharyngeal competence can be made. This is quite useful in determining therapy for cleft palates.

Glottography uses physiologic sensors to record the actual opening and closing cycle of the glottis. Photoglottography (PGG) measures the amount of light transilluminated by the glottis. Electroglottography uses a low-intensity current, which completes its circuit when the vocal folds are in contact. Changes in glottographic waveform have been associated with changes in laryngeal vibration, indicating mass lesions or asymmetric stiffness. Electroglottography is a noninvasive test whose signal interpretation can be facilitated through computer programs. It is useful to record the glottographic signal with the stroboscopic signal to determine precisely to what

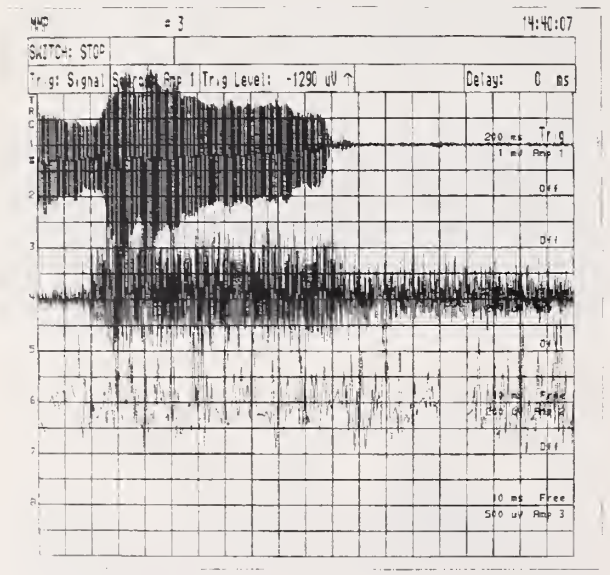


Figure 4a. Laryngeal electromyography.

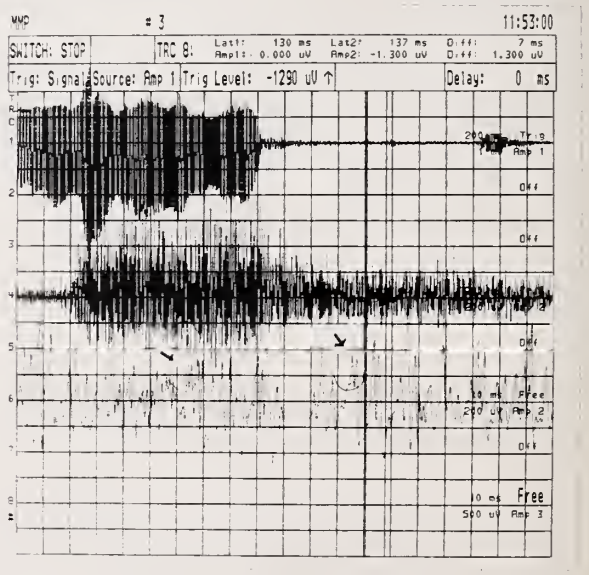


Figure 4b. Laryngeal electromyography.

phase of the glottic cycle the visualized image corresponds.

Laryngeal electromyography (EMG) measures the neuromuscular function of the larynx. It has traditionally been applied to evaluate laryngeal nerve paralysis. Advances in techniques, equipment and computer technology have broadened its application. We now have the ability to detect nerve function in infants as well as subtle changes associated with demyelinating diseases. With laryngeal EMG, our ability to predict whether a paralyzed muscle will have return of function is greatly enhanced. This allows for more efficient application of surgical therapy. Typically, we find it useful to record the EMG signal with the acoustic signal to detect subtle differences in stopping or starting speech, as in spastic dysphonia and stuttering (see Figure 4).

While each of these tests assists in the precise diagnosis of vocal pathology, in general a combination of tests is useful in gaining a complete picture. Increased interest in understanding vocal pathology has spurred the development of more sensitive and reproducible tests. This, in turn, allows for earlier and more accurate diagnosis, which results in more effective and focused therapy.

MEDICINE AND COMPUTERS

(Continued from page 270.)

gram and keep our medical school on the leading edge of this science. This will be a great advantage to graduates. As demands for information management continue to increase, these physicians will have the skills to meet the challenge.

Medical informatics is crucial for the continued provision of high-quality medical care. It enhances our clinical skills and assists in formulation of treatment and management plans. It makes our health care services more efficient and effective.

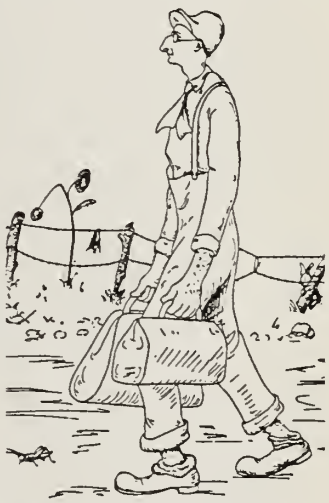
Exciting changes in medical information science are coming, and we are fortunate to have a medical school that is a leader in incorporating them into the curriculum. Faculty and community physicians will be challenged to stay ahead of students coming into the educational system who are ever more adept at making the byte serve their needs. We physicians must meet the challenge to become proficient in the clinical application of medical informatics.

HORSE AND BUGGY DOCTOR

I Study Medicine

ARTHUR E. HERTZLER, M.D.

It is difficult to realize the position of the country boy of fifty years ago bitten by an ambition to enter the medical profession. It was generally believed by the laity in our community that all lawyers and two-thirds of the doctors went to hell. The third saved were homeopaths with beards. Most of the doctors of that day were addicted to liquor, smoked pipes and did not go to church. I knew full well that any mention of my ambitions would bring a storm of protest. My father believed, as Mr. Tulliver, that all lawyers were created for and by the devil and that approximately all doctors were parasites of society. He cannot be blamed for his uncomplimentary opinion of doctors because the small fortune he spent for alleged medical skill for members of his family netted just about nothing. How he came to his conclusions about lawyers I never made out, unless it was just plain instinct. I have no brief for the lawyers. But doctors are now accorded a better prospect of escaping an unhappy destination. At least only the clergy still harbor any apprehension and the obvious futility of doing anything about it seems to discourage them. It never did cause the doctors any concern. Some of the more unregenerate among us would prefer to be in hell with babies than in heaven with criminals, for all executed culprits profess assurance of salvation before they take their last drop.



(Reprinted with permission of the Hertzler Foundation.)

Geriatric Ethics: Justifying Paternalism

NINA AINSLIE, M.D.,* WILLIAM BARTHOLOME, M.D.,† AND LINDA WOLTER, M.D.,§ *Kansas City*

Case: Mrs. C.D. is a 90-year-old woman with osteoporosis and scoliosis causing chronic back pain, hypoparathyroidism, long-standing anorexia and cachexia, and a history of psychotic delusions and some obsessions regarding her medications. Her psychiatric problems have not interfered with her care or functioning in the nursing home in which she has lived for the past seven years. Several months ago, she developed a fever, cough, and right-upper-lobe infiltrate on chest x-ray. She was hospitalized and treated with antibiotics, with resolution of her symptoms and fever. Follow-up chest x-rays, however, show a continued right-upper-lobe infiltrate unimproved with respiratory therapy for atelectasis. Mrs. C.D.'s weight, while chronically low, has been stable, she is still anorexic, and she has a slight dry cough. A PPD and control skin tests are all negative, showing that she is anergic.

Mrs. C.D.'s physician suspects that she has either a malignancy obstructing a bronchus or tuberculosis. The patient is unable to produce sputum for acid-fast bacterial culture. She has declined any further evaluation after a discussion of what bronchoscopy entails. Her physician considers her capable of understanding and making this decision.

The nursing home is concerned about the possibility that this resident may have tuberculosis. They wonder how to reconcile their "public health" need to know Mrs. C.D.'s diagnosis with the risk to her of an invasive evaluation and the obligation to respect her wishes and rights.

Discussion

The highest incidences of tuberculosis occur in institutions such as nursing homes and prisons. Persons over 65 have the highest case rate of any age group at 39/100,000 in nursing homes and 22/100,000 in community-dwelling elderly in a recent year. These rates contrast with 11/100,000 in the 25-to-40 age group. Kansas, however, has one of the lowest incidences in this country, with an overall rate of 0 to 5/100,000.

An ethical dilemma exists when two or more important ethical values are in conflict. For example, autonomy, respecting the patient's decision, may conflict with beneficence, the doing of good for the patient. Autonomy might also conflict with justice, the public good.

At issue in this case is how one might justify the paternalism of overriding Mrs. C.D.'s decision not to undergo a workup. We ordinarily think of paternalism as justifiable when it is for the patient's own good. In this case, however, another layer of considerations is included: that of the safety of the nursing home staff and residents.

We will first discuss justifying paternalism for the patient's own good. The steps in doing so start with the four questions one should ask in making any medical decision: 1) What are the risks to the patient of not intervening? 2) What are the risks and burdens of the intervention itself? 3) What benefits will be provided as a result of the intervention that would not be provided without it? For a diagnostic intervention, the answer to this question often depends on the diagnosis one finds by intervening, and may be difficult to predict. 4) Are there any alternatives that could provide the benefit but avoid the risk? Physicians commonly ask these questions in making medical decisions, although we may give short shrift to the fourth one.

To impose an intervention on an unwilling patient pushes us farther than the questions above to ask what level of infringement of the patient's liberty would be required to carry out the intervention. To have to physically restrain a patient to do a bronchoscopy is a different level of infringement (as well as risk) than to ask her to have a blood test or take two pills a day. Forcing an intervention on an unwilling patient obligates

*K.C. Veterans Affairs Medical Center and KUMC-KC
†Dept. of the History and Philosophy of Medicine, KUMC-KC
§Geriatric Medicine Fellow, KUMC-KC

The Center on Aging at the University of Kansas Medical Center sponsors a monthly discussion of the ethical issues of a geriatric case. The case is presented by a geriatric medicine fellow, and Dr. Bartholome, a pediatrician and ethicist, leads the discussion. The intention is to examine and develop an understanding of the issues involved in the case.

us to choose the alternative that causes the least infringement of autonomy to achieve one's end.

This obligation to infringe on a patient's autonomous decision in as limited a way as feasible should send us back to considering alternate interventions. In Mrs. C.D.'s case, it was unclear that every diagnostic strategy had been exhausted. Additional efforts to teach the patient how to induce a sputum, working with her each morning, might have yielded acceptable samples. A gastric aspirate, while uncomfortable to obtain, is less risky and may be helpful. A CT scan of the chest, or even tomograms, may suggest whether the underlying process is more mass-like or more infiltrative.

In Mrs. C.D.'s case, finding alternative diagnostic strategies would be unnecessary if it were not for the additional public health issue. There is no evidence that her condition is a burden to her at present, and an aggressive evaluation is not only risky, but may well not reveal a treatable disease. Without the concern for the risk of tuberculosis in staff and other residents, there would be no adequate justification for overriding Mrs. C.D.'s wishes.

The public health issue requires us to weigh respecting the patient's wishes against the potential good or harm for a large number of other people. Deciding from this perspective to override the patient's wishes leads again to an analysis of the potential risks and benefits of intervening or not intervening for the larger nursing home community. Considerations would include the low incidence of tuberculosis in Kansas, the results of recent and past tuberculosis skin testing of staff and residents of the nursing home, the possibility that our case resident could have reactivation disease (old chest x-rays could assist with this determination), the improbability that this patient who never leaves the home has new infection unless there is another currently active case in the home, and so on. Considering these facts and possibilities would assist in defining a level of certainty (or uncertainty) about Mrs. C.D.'s possible diagnosis and the risk she poses to other persons. Despite the uncertainty that would persist, one could use the estimate of risk to assist in decision making.

Once again, the search for alternatives to bronchoscopy might be stimulated. An additional possible strategy to consider would be to repeat skin testing on all employees and residents of the nursing home to see if any increase in positive reactions was found. In a situation where the likelihood of tuberculosis seems high, one might even consider asking the patient to accept standard treatment for tuberculosis in the absence of a diagnosis, with the attendant toxicity risks.

It is important, then, to approach such cases as ethical, and not merely clinical, problems. In consciously attempting to balance competing ethical principles such as autonomy and justice, one is often stimulated to find more creative, if sometimes only "second best," clinical solutions. In this case, maximizing both respect for patient autonomy and the public good, or justice, involves recognizing that some level of uncertainty is a perpetual accompaniment of clinical care. Finding an uncertainty level that is certain enough to be tolerable and safe to the parties in the case is sometimes the optimal solution.

Dr. Galichia Recognized as Fitness Leader of the Year

Wichita cardiologist Joseph P. Galichia, M.D., was named Kansas Fitness Leader of the Year for 1994 by the Kansas Governor's Council on Fitness. The award recognizes his significant contributions to the health and fitness of Kansans.

Dr. Galichia has practiced cardiology in the Wichita area since the late 1970s. President of the Galichia Medical Group, he is also a fellow of the American College of Cardiology and the American College of Angiography and is vice president of the American Society of Cardiovascular Interventionists.

Dr. Galichia is a nationally recognized pioneer in interventional cardiology. In the 1980s he studied in Switzerland with Dr. Ernst Schneider and the late Dr. Andreas Gruntzig, inventors of the balloon angioplasty technique. As a co-investigator in the National Heart, Lung and Blood Institute's Coronary Angioplasty Registry, Dr. Galichia has contributed data to the study for more than 10 years and has been published in the *New England Journal of Medicine.*

Largely through the efforts of Dr. Galichia, St. Francis Regional Medical Center was among the first six institutions in the U.S. to perform more than 1,000 angioplasties. He has participated in clinical studies of numerous medications, including thrombolytic therapy, and has tested various angioplasty procedures, such as atherectomy, laser, Rotablator, intraluminal ultrasound and stent technology.

Physicians are Key to Breast Cancer Early Detection

ANALEE E. BEISECKER, Ph.D.,* *Kansas City*

Breast cancer is the second leading cause of death from cancer in women. During 1994, the American Cancer Society predicted, 1900 women will have been diagnosed with breast cancer in Kansas, and 500 will have died of the disease.[1] Since we have no proven cure for breast cancer and no proven preventive strategies, the key to saving lives is early detection. Breast cancer is curable over 80% of the time, if a tumor is less than one centimeter when diagnosed.[2] When found early, cure is often possible with neither loss of the breast nor need for adjuvant chemotherapy or hormone therapy.

Methods of Detection

There are three recommended methods of early detection: breast self-examination (BSE), clinical breast examination (CBE), and mammography. All three methods should be utilized together. BSE should begin at age 20 and should be done monthly. All women should have an annual breast examination by a physician or trained nurse after age 40; CBE should be done at least every three years prior to age 40.[1] There is general agreement that women over age 50 should have an annual mammogram. The American Cancer Society and Susan G. Komen Breast Cancer Foundation recommend that mammograms every one to two years begin at age 40.[1,3] The National Cancer Institute (NCI) makes no mammography recommendation for women under age 50, because research studies conducted so far have not included enough women under age 40 to prove scientifically the value of mammography in reducing mortality from breast cancer.[4] It should be emphasized that NCI has not stated that women between the ages of 40 and 50 should not have mammograms; the NCI simply takes no position on the matter and recommends that a woman and her physician make the decision.

Data from the 1992 Behavioral Risk Factor Surveillance System (BRFSS) survey conducted annually by the Kansas Department of Health and Environment, Bureau of Chronic Disease and Health Promotion, showed that 69.4% of Kansas women over age 40 had ever had a mammogram, and 59% had a mammogram within the past two years. Even though screening rates continue to rise, underutilization of screening mammography is a problem among all populations of women. Lower income, less formal education and older age inhibit screening behavior. Other barriers are rural residence and not being married.[5,6] (See Figure 1.) When age, education, income and county of residence were controlled, the only factor significantly related to ever having had a mammogram was recent physician contact.[5] Lack of physician recommendation or referral is the most common reason cited by women who have not had a mammogram.[7,8]

Physicians' Role in Early Detection

What should physicians do to increase the chances of early detection of breast cancer in their patients? First, a physician should make sure that each female patient knows how to perform BSE properly. The physician should teach his or her patients proper BSE techniques, have a nurse teach these skills, or refer the patient to a hospital BSE teaching program, if one exists in the community. At each visit, the physician should ask about a woman's BSE practices and document the answer in the patient's record. Second, the physician should include a clinical breast examination as a part of all physical examinations, and even if the visit is not for a physical, perform a clinical breast examination, if the patient is due for one. The CBE should be documented in the patient's chart just as a Pap smear is documented. The physician should perform CBE and stress BSE even for patients who have had mastectomy surgery. The remaining tissue and axilla should

*Associate Professor of Preventive Medicine, KUMC, and Associate Director of the KU Cancer Center.

Address correspondence to the author at The Cancer Center, KUMC, 3901 Rainbow Boulevard, Kansas City, KS 66160.

be examined regularly, both by the patient and by a clinician. Third, if the patient is of appropriate age or is at high risk for breast cancer, the physician should recommend a mammogram and/or refer the patient for mammography. This recommendation should also be noted in the patient's chart.

While public education programs can inform women about the value of early detection for breast cancer, and some programs teach BSE, the most important factor in changing patient behaviors to promote early detection is the encouragement of doctors. Primary care physicians should create an environment whereby patients can learn BSE, should regularly conduct CBE on their female patients and should refer patients for mammography when appropriate.

REFERENCES

1. American Cancer Society, *Cancer Facts & Figures — 1994.*

2. Rosen PP, Groshen S, Saigo PE, et al. Pathological prognostic factors in stage I (T1N0M0) and stage II (T1N1M0) breast carcinoma: A study of 644 patients with median follow-up of 18 years. *J Clin Oncol* 1989;7:1239-51.

3. *News from the Susan G. Komen Breast Cancer Foundation* 1994;3(1):4.

4. Broder S. Statement on mammography and Pap tests before subcommittee on health and the environment, House Committee on Energy & Commerce, January 26, 1994.

5. Lantz PM, Remington PL, Cautley E. Identifying women who have never had a mammogram. *Wis Med J* 1991;591-92.

6. Fulton JP, Donnelly EF, Feldman JP, et al. Program to increase the accessibility of screening mammography — Rhode Island, 1987-1988. *MMWR* 1991;40(23):390-92.

7. Fox SA, Stein JA. The effect of physician-patient communication on mammography utilization by different ethnic groups. *Med Care* 1991;29(11):1065-81.

8. Rimer BK, Trock B, Engstrom PF, et al. Why do some women get regular mammograms? *Am J Prev Med* 1991;7(2):69-74.

Figure 1. Percent of women getting routine mammograms, from mammography backgrounder, National Cancer Institute.

Information for Authors

Manuscripts must be typewritten, double-spaced, leaving wide margins. The original plus one copy should be submitted. Manuscripts are received with the explicit understanding that they are not simultaneously under consideration by any other publication. Publication elsewhere may be subsequently authorized at the discretion of the editor.

Brief, concise **articles** are preferred; an ideal manuscript will not exceed five double-spaced pages. All material will be edited by the editorial staff to assure clarity, good grammar and appropriate language, and to conform to KANSAS MEDICINE style and format. When feasible, material may be condensed.

The author will be asked to review the **galley proof** prior to publication. Although editing and proofreading will be done with care, the author is responsible for accuracy of material published. The galley proof is for correction of ERRORS; rewriting of material *must* be done prior to submission. Authors are urged to check manuscripts and galley proof carefully for errors that could result in inaccurate information.

Drugs should be referred to by generic names; trade names may follow in parentheses if useful. All **units of measure** must be given in the metric system.

KANSAS MEDICINE will print a maximum of **ten references.** All references should be keyed with superscripts in the text in the order cited. If more than ten sources are cited, readers will be referred to the author for the complete list.

Illustrative material must be identified by its referral number in the text and be accompanied by a short legend. **Photos** should be black-and-white glossy prints. **Tables** should be self-explanatory and should supplement, not duplicate, the text.

KANSAS MEDICINE will assume the cost of black-and-white figures and tables for two units. A unit is defined as ¼ page. The author(s) will be billed for additional units at cost.

A **reprint** order form with a table showing estimated cost will be sent with the galley proof. Reprints must be ordered by the author through KANSAS MEDICINE, and will be billed to the author following shipment.

CLASSIFIED ADVERTISEMENTS

Classified advertisements are $7.50/line for KMS members; $9.50/line for non-members; 5-line minimum. Payment must accompany copy. Deadline is 20th of the month preceding month of publication. Box numbers are available at no charge. All advertisements are accepted subject to approval by the Editorial Board.

WORKSHOP: Basic Principles of Psychopharmacology Relevant to Daily Practice, featuring Sheldon Preskorn, M.D. February 25. CE credit: 6 hours. Location: Topeka. Contact: Menninger Continuing Education, 800-288-7377.

WORKSHOP: Clinical Psychopharmacology: Antipsychotic & Mood-Altering Treatments — 1995, featuring Ross Baldessarini, M.D. March 11. CE credit: 6 hours. Location: Topeka. Contact: Menninger Continuing Education, 800-288-7377.

WORKSHOP: Integrated Treatment of Anxiety Disorders, featuring Jerrold Rosenbaum, M.D. April 29. CE credit: 6 hours. Location: Topeka. Contact Menninger Continuing Education, 800-288-7377.

THORACIC AND GENERAL SURGEON wishes to relocate to western Kansas. Desires partnership or loose association. Contact through Jackie, 816-781-2845.

TIME FOR A MOVE?

FP, IM, OB/GYN, PEDS...

CURRENT OPENINGS:
CALL NOW FOR DETAILS!

Kansas	National
40+ Cities:	750+ Cities:

We track every community in the country . . .

Kansas City	Boston	Rochester	Cleveland
Wichita	Kansas City	Syracuse	Detroit
Topeka	Houston	Birmingham	Milwaukee
Overland Park	St. Louis	Tallahassee	Des Moines
Newton	Indianapolis	Tampa	Rockford
Wellington	Columbus	Virginia Beach	Chicago
Pittsburgh	Richmond	Norfolk	Tuscon
Cincinnati	Denver	Springfield	Phoenix

NEW OPENINGS DAILY!

The Curare Group, Inc.
(800) 880-2028 Fax (812) 331-0659
M-F 8am-7pm, Sat 12-4 CST

THINKING OF SELLING your practice? Are you asking yourself these questions: What's the best selling price? Who will help me negotiate and structure the sale for my best benefit? How much cash can I expect at closing? Where are all the prospective purchasers? We have the answers and specialize in the sale of professional practices. Please contact Glenn Harwell, Harwell, Forrest, and Hardin, Marketers of Professional Practices, P.O. Box 4422, Denver, Colorado 80155; 303-721-1978.

BE/BC FAMILY PRACTITIONER/OB wanted. Join an established multispecialty group practice in North Central South Dakota, on beautiful Lake Oahe. Competitive salary and benefit package. Send CV or call Bev Simons, Mobridge Medical Clinic, P.O. Box 520, Mobridge, SD 605-845-2962.

EMERGENCY MEDICINE opportunity for a BC/FP less than 1 hour from Wichita; $121,000 annual remuneration with no on-call responsibilities. Moderate volume and professional liability insurance procured on your behalf. ACLS required. Please contact Brian Nunning, Coastal Emergency Services of St. Louis, Inc.: 800-326-2782.

GREAT BEND: Coastal Emergency Services of St. Louis, Inc. is seeking a BC/PC physician for Central Kansas Medical Center's Emergency Department. In addition to current certification, at least 2 years emergency department experience is desired. This position allows flexible scheduling, requires no on-call, and has a guaranteed income of over $105,000. Professional liability insurance can be procured on your behalf, and medical benefits are available. Come be a part of a specialty that allows you to practice the art of medicine, leave the business world behind and enjoy your time off. Contact Brian Nunning, 800-326-2782, or fax your CV in confidence to 314-291-5152.

SEARCHING FOR a physician to work in a multidisciplinary clinic near Wichita. May become a career position for the right person. Salary, benefits negotiable. Please send resume to 2020 W. 21st St., Ste. 141, Wichita, Kansas 67204.

FAMILY PRACTICE, INTERNAL MEDICINE: $120,000 up, depending on experience. Salaried position. Beaver is county seat, located on the Beaver River, with nationally recognized school system. Beaver County Memorial Hospital, Box 640, Beaver, OK 73932; 405-625-4551. Contact Administrator any time.

...dedicated to managing the costs of operating a medical practice

- allowing physicians to concentrate on the practice of medicine
- offering volume purchasing of forms, paper goods, and office equipment
- developing capacity to offer expert legal advice on contracts, reimbursement, and other legal issues

MSC
MEDICAL SERVICE
CORPORATION

- providing physicians an advocate in areas of purchasing, compliance, and management
- providing practice monitoring, assessment, and complete office management
- acting as a proven advocate for physicians, endeavoring to create a unified voice in medicine

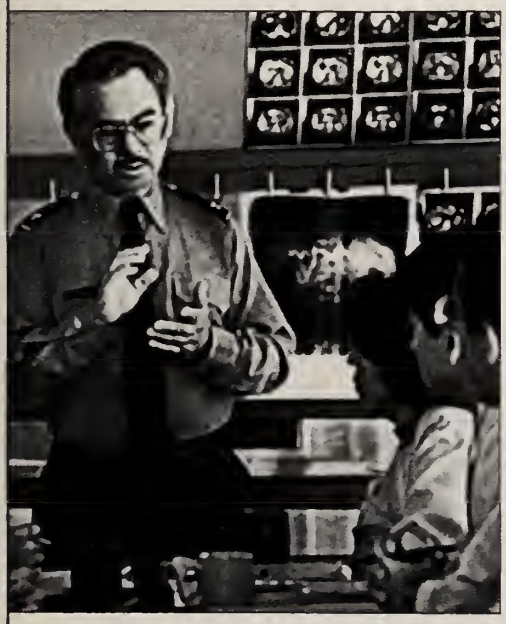
A KaMMCO Company
Sponsored by the Kansas Medical Society

Wichita Office
400 N. Woodlawn, Ste. 106
Wichita, KS 67208
316-681-3425
Fax 316-681-3554

Shawnee Mission Office
8600 Shawnee Mission Pkwy., Ste. 305
Shawnee Mission, KS 66202
913-262-8282 800-779-8201
Fax 913-262-8458

Topeka Office
623 SW 10th Ave., Ste. 200
Topeka, KS 66612
913-232-1015
Fax 913-232-4704

THE ARMY RESERVE OFFERS UNIQUE AND REWARDING EXPERIENCES.



As a medical officer in the Army Reserve you will be offered a variety of challenges and rewards. You will also have a unique array of advantages that will add a new dimension to your civilian career, such as:

- special training programs
- advanced casualty care
- advanced trauma life support
- flight medicine
- continuing medical education programs and conferences
- physician networking
- attractive retirement benefits
- change of pace

It could be to your advantage to find out how well the Army Reserve will treat you for a small amount of your time. An Army Reserve Medical Counselor can tell you more, call collect :

913-491-3701

ARMY RESERVE MEDICINE. BE ALL YOU CAN BE.®

KANSAS MEDICINE
The Journal Of The Kansas Medical Society

INDEX TO VOLUME 95

JANUARY 1994 TO DECEMBER 1994 INCLUSIVE

AUTHORS

Ahlstrand, Richard 172, 230
Ainslie, Nina 174, 278
Baron, Roy C. 10
Bartholome, William 174, 278
Basinger, Brad 70
Beisecker, Analee E. 280
Bell, D. W. 118
Brake, David 49, 73, 96, 117, 167
Brecheisen, Nancy L. 90
Breckbill, David 199
Bridge, Karen S. 113
Cecil, Hugh 172
Courtney, Donald L. 246
Davis, Ronald 176, 201, 215, 244, 270
Goodpasture, Hewitt C. 113
Greer, Gregory G. 45
Hagman, Joseph E. R. 73, 167
Handler, Michael S. 195
Harrison, Paul B. 70
Hayden, G. Robert 244
Hollander, Daniel 156
Hoover, Larry A. 274
Hoppock, Kevin C. 45
Horvat, Rebecca T. 187
Johnson, Bruce E. 221
Kepes, John J. 15
Kerekes, Mark P. 116
Larson, Tom 230
Lawson, Michael 228
Lee, Francis S. 70
McDonald, Kevin 48
Melhorn, J. Mark 60, 189, 248
Meyers, David G. 97, 170
Moffat, John D. 63
Nasralla, Craig A. 167
Noordhoek, Lyle 48
Parmet, Allen J. 193
Pearce, Eugene W. J. 34
Pelletier, Andrew R. 10
Pickard, Stephen P. 253
Prasad, Babu 48
Rao, Muralidhara G. 94
Riley, Sue 40
Roy, Bill 65
Ruhl, Constance 174
Samarah, Jennifer K. 167
Searl, Jeff 274
Shaw, Gary Y. 274
Snyder, Thomas E. 90
Stallman, Donald 199
Swagerty, Daniel L. Jr. 226
Ugarte, Fernando 124
Venkatesh, Ram 94
Vine, Donald L. 51, 76, 100, 120, 232, 260
Walling, Anne D. 45
Wolter, Linda 278
Yarde, William L. 15
Zahid, Mubashir A. 187

SCIENTIFIC ARTICLES

AIDS/HIV
HIV Prevalence Among Childbearing Women in Kansas 18
Primary Care Approach to the Newly Diagnosed HIV-Positive Patient 221
Anesthesia
Pulmonary Barotrauma in a Mechanically Ventilated Patient with Solitary Head Injury and No Other Predisposing Factors 70
Cardiology
Atherectomy Similar to PTCA for CAD 120
Diagnosis and Non-Operative Treatment of Pseudoaneurysm Complicating Arterial Puncture .. 230
Is Precordial Percussion Worthwhile? 232
Is "Routine" Right Heart Catheterization OK? 260
Prevention of Atherosclerosis with Antioxidant Vitamins, The 170
Transesophageal Echocardiography May Not Lessen Stroke Rate from Cardioversion. 100
Cardiovascular Surgery
Atherectomy Similar to PTCA for CAD 120
Diagnosis and Non-Operative Treatment of Pseudoaneurysm Complicating Arterial Puncture .. 230
Ear, Nose and Throat
Advances in the Management of Voice Disorders 274
Blowout Fracture of the Orbit 96
Emergency Medicine
Impact of a Major Tornado on the Radiology Department of a Large Teaching Hospital 167

Family Practice
Acute Quadriplegic Myopathy. 195
Advances in the Management of Voice Disorders. 274
Breast Cancer Detection: Improving the Efficacy of Screening Mammography 90
Can Drug Use in Adolescents Be Prevented? 116
Childhood Mortality from Injuries in Kansas. 10
Chlamydia in Kansas, 1993. 173
Disseminated Histoplasmosis Treated with Fluconazole 113
Drug Susceptibility of Tuberculosis Isolates in Kansas, 1992-1993 147
E. Coli O157:H7 in Kansas, January 1993 to September 1994. 272
Eye Injury: Kansas Ophthalmologists' Quest for Prevention. 118
Geriatric Ethics: Dementia and the Quality of Life 174
Geriatric Ethics: Justifying Paternalism 278
Geriatrics Journal Club 246
Hantavirus Pulmonary Syndrome: Kansas, 1993. 74
Healthy Kansans 2000 Health Objectives 253
HIV Prevalence Among Childbearing Women in Kansas. 18
Human Listeriosis: Case Report and Review 187
Hypertension in Kansas, 1992 111
Immunization Coverage Rates Among Two-Year-Olds in Kansas. 197
Immunization of Healthy Adults 228
Impact of a Major Tornado on the Radiology Department of a Large Teaching Hospital 167
Incidence of Guillain-Barré Syndrome in a Metropolitan County, 1984-1988, The 45
Is Precordial Percussion Worthwhile? 232
Is "Routine" Right Heart Catheterization OK? 260
Malaria in Kansas, 1988-1993 255
Meckel's Diverticulum. 199
Meningococcal Disease in Kansas, 1990-1993 ... 218
Needle Localization of Pulmonary Nodule for Thoracoscopic Resection 73
Pediatric Blood Lead Testing in Kansas, 1993 ... 98
Penile Metastases from Prostate Cancer 48
Physicians Are Key to Breast Cancer Early Detection. 280
Prevention of Atherosclerosis with Antioxidant Vitamins, The 170
Primary Care Approach to the Newly Diagnosed HIV-Positive Patient 221
Tuberculosis Outbreak in Finney County, 1993 50
Unhealthy Behaviors Kill Most Americans. 97
Gerontology
Cervical Spondylotic Myelopathy: A Cause of Gait Disturbance and Falls in the Elderly 226
Geriatric Ethics: Dementia and the Quality of Life 174
Geriatric Ethics: Justifying Paternalism 278
Geriatrics Journal Club 246
Health Care Reform
Canadian Health Care System: From Masterpiece to Mess, The 63
Kansas Specific Health Plan, The 65
Infectious Diseases
Disseminated Histoplasmosis Treated with Fluconazole 113
Drug Susceptibility of Tuberculosis Isolates in Kansas, 1992-1993 147
E. Coli O157:H7 in Kansas, January 1993 to September 1994. 272
HIV Prevalence Among Childbearing Women in Kansas. 18
Human Listeriosis: Case Report and Review 187
Malaria in Kansas, 1988-1993 255
Primary Care Approach to the Newly Diagnosed HIV-Positive Patient 221
Internal Medicine
Acute Quadriplegic Myopathy. 195
Advances in the Management of Voice Disorders. 274
Breast Cancer Detection: Improving the Efficacy of Screening Mammography 90
Can Drug Use in Adolescents Be Prevented? 116
Cervical Spondylotic Myelopathy: A Cause of Gait Disturbance and Falls in the Elderly 226
Childhood Mortality from Injuries in Kansas. 10
Chlamydia in Kansas, 1993. 173
Disseminated Histoplasmosis Treated with Fluconazole 113
Drug Susceptibility of Tuberculosis Isolates in Kansas, 1992-1993 147
E. Coli 0157:H7 in Kansas, January 1993 to September 1994. 272
Eye Injury: Kansas Ophthalmologists' Quest for Prevention. 118
Geriatric Ethics: Dementia and the Quality of Life 174
Geriatric Ethics: Justifying Paternalism 278
Geriatrics Journal Club 246
Hantavirus Pulmonary Syndrome: Kansas, 1993. 74
Healthy Kansans 2000 Health Objectives 253
HIV Prevalence Among Childbearing Women in Kansas. 18
Human Listeriosis: Case Report and Review 187
Hypertension in Kansas, 1992 111
Immunization Coverage Rates Among Two-Year-Olds in Kansas. 197
Immunization of Healthy Adults 228
Incidence of Guillain-Barré Syndrome in a Metropolitan County, 1984-1988, The 45
Is Precordial Percussion Worthwhile? 232
Is "Routine" Right Heart Catheterization OK? 260
Malaria in Kansas, 1988-1993 255
Meckel's Diverticulum. 199
Meningococcal Disease in Kansas, 1990-1993 ... 218
Needle Localization of Pulmonary Nodule for Thoracoscopic Resection 73
Penile Metastases from Prostate Cancer 48
Physicians Are Key to Breast Cancer Early Detection. 280
Prevention of Atherosclerosis with Antioxidant Vitamins, The 170
Primary Care Approach to the Newly Diagnosed HIV-Positive Patient 221

Pulmonary Barotrauma in a Mechanically Ventilated Patient with Solitary Head Injury and No Other Predisposing Factors 70
Transesophageal Echocardiography May Not Lessen Stroke Rate from Cardioversion. 100
Tuberculosis Outbreak in Finney County, 1993 50
Unhealthy Behaviors Kill Most Americans. 97
Maxillofacial Surgery
Blowout Fracture of the Orbit 96
Neurology
Abdominal Imaging in Spinal Disease 172
Acute Quadriplegic Myopathy. 195
Cervical Spondylotic Myelopathy: A Cause of Gait Disturbance and Falls in the Elderly 226
Incidence of Guillain-Barré Syndrome in a Metropolitan County, 1984-1988, The 45
Pulmonary Barotrauma in a Mechanically Ventilated Patient with Solitary Head Injury and No Other Predisposing Factors 70
Radiological Evaluation of Extramedullary Plasmacytoma 94
Renal Cell Carcinoma Followed by a Cerebellar Mass 15
Neurosurgery
Abdominal Imaging in Spinal Disease 172
CTD: Carpal Tunnel Syndrome, the Facts and Myths 189
Pulmonary Barotrauma in a Mechanically Ventilated Patient with Solitary Head Injury and No Other Predisposing Factors 70
Radiological Evaluation of Extramedullary Plasmacytoma 94
Repetitive Use Injury: Diagnosis, Treatment and Prevention 193
Obstetrics & Gynecology
Breast Cancer Detection: Improving the Efficacy of Screening Mammography 90
HIV Prevalence Among Childbearing Women in Kansas. 18
Physicians Are Key to Breast Cancer Early Detection. 280
Occupational Medicine
CTD: Carpal Tunnel Syndrome, the Facts and Myths 189
Occupational Injuries: The Need for Preventive Strategies. 248
Ophthalmology
Blowout Fracture of the Orbit 96
Eye Injury: Kansas Ophthalmologists' Quest for Prevention. 118
Orthopedics
CTD: Carpal Tunnel Syndrome, the Facts and Myths 189
Imaging of Femoral Neck Stress Fracture. 49
Occupational Injuries: The Need for Preventive Strategies 248
Radiological Evaluation of Extramedullary Plasmacytoma 94
Repetitive Use Injury: Diagnosis, Treatment and Prevention 193
Abdominal Imaging in Spinal Disease 172
Pathology
Acute Quadriplegic Myopathy. 195
Pediatric Blood Lead Testing in Kansas, 1993 ... 98
Renal Cell Carcinoma Followed by a Cerebellar Mass 15
Pediatrics
Advances in the Management of Voice Disorders. 274
Can Drug Use in Adolescents Be Prevented? 116
Childhood Mortality from Injuries in Kansas. 10
Drug Susceptibility of Tuberculosis Isolates in Kansas, 1992-1993 147
HIV Prevalence Among Childbearing Women in Kansas. 18
Immunization Coverage Rates Among Two-Year-Olds in Kansas. 197
Meningococcal Disease in Kansas, 1990-1993 ... 218
Pediatric Blood Lead Testing in Kansas, 1993 ... 98
Unhealthy Behaviors Kill Most Americans. 97
Physical Therapy
CTD: Carpal Tunnel Syndrome, the Facts and Myths 189
Occupational Injuries: The Need for Preventive Strategies. 248
Repetitive Use Injury: Diagnosis, Treatment and Prevention 193
Plastic Surgery
Blowout Fracture of the Orbit 96
Preventive Medicine
Prevention of Atherosclerosis with Antioxidant Vitamins, The 170
Psychiatry
Can Drug Use in Adolescents Be Prevented? 116
Public Health
Chlamydia in Kansas, 1993. 173
Drug Susceptibility of Tuberculosis Isolates in Kansas, 1992-1993 147
E. Coli O157:H7 in Kansas, January 1993 to September 1994. 272
Eye Injury: Kansas Ophthalmologists' Quest for Prevention. 118
Hantavirus Pulmonary Syndrome: Kansas, 1993. 74
Healthy Kansans 2000 Health Objectives 253
HIV Prevalence Among Childbearing Women in Kansas. 18
Hypertension in Kansas, 1992 111
Immunization Coverage Rates Among Two-Year-Olds in Kansas. 197
Immunization of Healthy Adults 228
Incidence of Guillain-Barré Syndrome in a Metropolitan County, 1984-1988, The 45
Is Precordial Percussion Worthwhile? 232
Malaria in Kansas, 1988-1993 255
Meningococcal Disease in Kansas, 1990-1993 ... 218
Occupational Injuries: The Need for Preventive Strategies. 248

Pediatric Blood Lead Testing in Kansas, 1993.... 98
Primary Care Approach to the Newly Diagnosed HIV-Positive Patient 221
Repetitive Use Injury: Diagnosis, Treatment and Prevention 193
Tuberculosis Outbreak in Finney County, 1993 50
Unhealthy Behaviors Kill Most Americans. 97
Pulmonary Medicine
Needle Localization of Pulmonary Nodule for Thoracoscopic Resection 73
Tuberculosis Outbreak in Finney County, 1993 50
Radiology
Abdominal Imaging in Spinal Disease 172
Breast Cancer Detection: Improving the Efficacy of Screening Mammography 90
Cervical Spondylotic Myelopathy: A Cause of Gait Disturbance and Falls in the Elderly 226
Diagnosis and Non-Operative Treatment of Pseudoaneurysm Complicating Arterial Puncture .. 230
Hantavirus Pulmonary Syndrome: Kansas, 1993. 74
Imaging of Femoral Neck Stress Fracture. 49
Impact of a Major Tornado on the Radiology Department of a Large Teaching Hospital 167
Needle Localization of Pulmonary Nodule for Thoracoscopic Resection 73
Radiological Evaluation of Extramedullary Plasmacytoma 94
Renal Cell Carcinoma Followed by a Cerebellar Mass 15
Surgery
Breast Cancer Detection: Improving the Efficacy of Screening Mammography 90
Childhood Mortality from Injuries in Kansas. 10
Conservative Treatment of Splenic Lacerations. . 117
Impact of a Major Tornado on the Radiology Department of a Large Teaching Hospital 167
Is Precordial Percussion Worthwhile? 232
Meckel's Diverticulum. 199
Penile Metastases from Prostate Cancer 48
Pulmonary Barotrauma in a Mechanically Ventilated Patient with Solitary Head Injury and No Other Predisposing Factors 70
Thoracic Surgery
Needle Localization of Pulmonary Nodule for Thoracoscopic Resection 73
Urology
Penile Metastases from Prostate Cancer 48
Renal Cell Carcinoma Followed by a Cerebellar Mass 15

DEPARTMENTS

A Personal View
Why Did We Become Physicians? 124
Alliance News
Are There Two Supporting Members in Your Family? 184
Doctors' Day: March 30, 1994 58
Facing Change with Hope: Reprise 88
Future of Quality Medicine Is Our Responsibility, The 30
Get Ready for Legislative Day! 8
Introducing the New Alliance President 110
Laughter: The Cheap Medicine 158
Medical Student of Today . . . Is Your Doctor of Tomorrow, The 268
Our Goal: To "Reach for the Stars" 130
This Christmas Support Nursing Education 242
Cardiology Notes
Is Precordial Percussion Worthwhile? 232
Is "Routine" Right Heart Catheterization OK? 260
Transesophageal Echocardiography May Not Lessen Stroke Rate from Cardioversion 100
Case of the Month
Acute Quadriplegic Myopathy 195
Renal Cell Carcinoma Followed by a Cerebellar Mass 15
Cover Story 1, 23, 53, 77, 101, 121, 149 177, 206, 234, 261
Dean's Report
Medical Education for the Year 2000 and Beyond 156
Editorial Comment
Choices: Physician Network or Tangled Web, The 104
Farewell and Hail 262
Fear and Its Antidote 178
Free to Choose 150
"Gentlemen, This Is a Football" 122
"Hypocritic Oath," The 24
Labeling for Physicians? 236
Once Upon a Midnight Dreary 80
Potpourri. 208
Quo Vadis? 54
What Is Past Is Prologue 2
The Horse and Buggy Doctor 256, 277
KMS
AMA Delegate's Report 32
Council District Reports 160
Impairment and Advocacy Committee 39
Memo to Retiring Members 203
Official Proceedings of the 1994 KMS House of Delegates 132
Resolutions 137
YPS Delegate's Report. 211
Medical Milestones
Dr. Thor Jager Jager: Consultant and Pathologist 34
Henry O. Marsh, M.D.: A Remembrance 60
Medicina et Lex
Alteration of the Record 6
Birth-Related Neurological Injury Compensation Programs. 266
Drug Enforcement Agency and DEA Form 104, The 212
Dutta v. St. Francis 108
Expert Witnesses and Rule 26, Federal Rules of Civil Procedure 86
Health Care Stabilization Fund After Eighteen

Years. 240
Kansas Supreme Court Liberalizes Suits Against Physicians 128
Necessity of Physician's Signature on Hospital Medical Records 57
New Legislation Affects Collection of Unpaid Debts 182
Physician-Assisted Suicide: Washington State Law Is Unconstitutional 154
Recent Developments in the Law of Punitive Damages 28
Medicine and Computers
Bringing Medical Informatics into Mainstream Clinical Medicine 270
Elusive Paperless Medical Record, The 215
Medical Information Searches 201
Medical Information Superhighway, The 244
One Doctor's Solution to Guidelines and Computerized Medical Records 176
Pocket Computers: Hewlett Packard 100LX 51
Pocket Computers: Psion Series 3a 76
News from KDHE
Chlamydia in Kansas, 1993 173
Drug Susceptibility of Tuberculosis Isolates in Kansas, 1992-1993 147
E. Coli O157:H7 in Kansas, January 1993 to September 1994 272
Hantavirus Pulmonary Syndrome: Kansas, 1993 74
HIV Prevalence Among Childbearing Women in Kansas 18
Hypertension in Kansas, 1992 111
Immunization Coverage Rates Among Two-Year-Olds in Kansas 197
Malaria in Kansas, 1988-1993 255
Meningococcal Disease in Kansas, 1990-1993 ... 218
Pediatric Blood Lead Testing in Kansas, 1993 ... 98
Tuberculosis Outbreak in Finney County, 1993 50
President's Message
Created Crisis, A 26
Curtain Calls or Curtains for the Clinton Health Plan? 4
Good-bye, and Thank You 84
Graduation and a Renewal, A 152
Health Care Reform: Dead in the Water, or Just Biding Its Time? 238
Healthy Organization, A 106
Lot of Work, A 264
Politics and the AMA 126
Practice of Medicine: The Best of Times, the Worst of Times, The 180
State of the Kansas Medical Society, The 56
Stewardship 210
Preventive Medicine
Can Drug Use in Adolescents Be Prevented? 116
Healthy Kansans 2000 Health Objectives 253
Immunization of Healthy Adults 228
Physicians Are Key to Breast Cancer Early Detection 280
Prevention of Atherosclerosis with Antioxidant Vitamins, The 170
Repetitive Use Injury: Diagnosis, Treatment and Prevention 193
Unhealthy Behaviors Kill Most Americans 97
Radiology Vignette
Abdominal Imaging in Spinal Disease 172
Blowout Fracture of the Orbit 96
Conservative Treatment of Splenic Lacerations .. 117
Diagnosis and Non-Operative Treatment of Pseudoaneurysm Complicating Arterial Puncture .. 230
Imaging of Femoral Neck Stress Fracture 49
Meckel's Diverticulum 199
Needle Localization of Pulmonary Nodule for Thoracoscopic Resection 73
Vox Dox 123, 183, 243
Your Older Patient
Cervical Spondylotic Myelopathy: A Cause of Gait Disturbance and Falls in the Elderly 226
Geriatric Ethics: Dementia and the Quality of Life 174
Geriatric Ethics: Justifying Paternalism 278
Geriatrics Journal Club 246

MISCELLANEOUS

Books on Health Care Reform 216
Canadian Health Care System: From Masterpiece to Mess, The 63
CLIA '88 Road Map, A 40
Contamination of Kansas Wells 211
Dr. Thor Jager Jager: Consultant and Pathologist 34
Eye Injury: Kansas Ophthalmologists' Quest for Prevention 118
Farming and Occupational Fatalities 82
Kansas Specific Health Plan, The 65
Many Kansas Wells Are Unwell 202

CONSULTING EDITORS

KANSAS MEDICINE expresses appreciation for the assistance of the following physicians who served as Consulting Editors for scientific papers published during 1994.

Hewitt C. Goodpasture, M.D., *Wichita*
Mark G. Greenberg, M.D., *Topeka*
Russell Greene, M.D., *Topeka*
Clifton C. Jones, M.D., *Topeka*
Bruce S. Liese, Ph.D., *Kansas City*
Andrew Pelletier, M.D., *Topeka*
George R. Randall, M.D., *Wichita*

7751 13

Attention: Physicians



Have your patients' medicines had a check-up?

Many of your patients take several different medicines every day. Separately each one works well. But if they take two or more different medicines in combination without checking with you to be sure they work safely together, they can sometimes be harmful...even dangerous.

The next time you prescribe a medicine, ask your patients:

"What other prescription and nonprescription medicines are you taking?"

YES! Please send me free information to use when talking with my patients about their multiple medicine use.

Name

Address

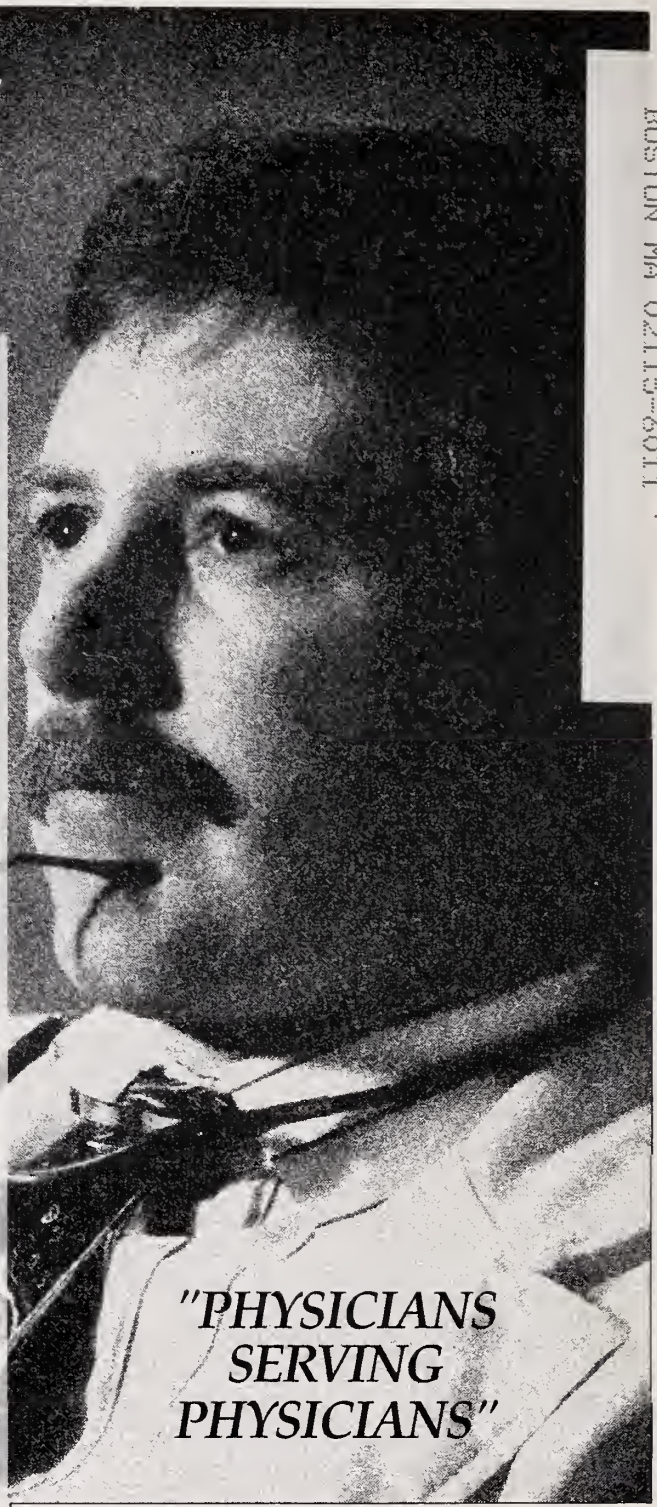
City State Zipcode

Mail to:
NCPIE
666 Eleventh Street, NW
Suite 810
Washington, DC 20001

OR FAX (202)638-0773

A public service message from the National Council on Patient Information and Education (NCPIE) and the U.S. Administration on Aging

ANNOUNCING SOMETHING UNCOMMON... A COMMON SENSE APPROACH



Who understands the challenges facing today's physician better than other physicians? KaMMCO was formed *for* physicians, *by* physicians, to provide you with competitive rates and innovative services. Physician owned and controlled, we set the standards for superior service, and uncompromising protection.

Among the personal services we provide are:

- **Technical advice and information on a variety of health care law issues**
- **Physician focused management and purchasing services through Medical Services Corporation**
- **Strong defense of non-meritorious claims and physician support during claims**
- **Close working relationship with the Kansas Medical Society**
- **Legislative advocacy**
- **Loss prevention activities for physicians and staff**
- **Medical office reviews**
- **Personalized member service and toll-free access**

Physicians serving physicians...it's just common sense.

KaMMCO

KANSAS MEDICAL MUTUAL INSURANCE COMPANY

623 SW Tenth • Topeka, Kansas 66612
(913) 232-2224 • 1 (800) 232-2259

XE
NEW ENGLAND JRNL OF MEDICINE
10 SHATTUCK ST
BOSTON MA 02115-6011
1-409003